

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90039 032 ****50.00

DOCUMENT # L06000100639

1. Entity Name

MIKE EVANS FLAPPERS LLC



DO NOT WRITE IN THIS SPACE

60041443

CR2E083B (8/05)

2. Principal Place of Business

2711-B KILLARNEY WAY

3. Mailing Address

2711-B KILLARNEY WAY

Suite, Apt. #, etc.

UNIT B

Suite, Apt. #, etc.

UNIT B

City & State

TALLAHASSEE

City & State

FL

Zip

32309

Country

LEON

Zip

32309

Country

LEON

4. FEI Number

83-0385083

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CHARLES MICHAEL EVANS

Street Address (P.O. Box Number is Not Acceptable)

6441 JET PILOT TRAIL

City

TALLAHASSEE

FL

Zip Code

32309

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>OWNER MGR</u> <u>CHARLES MICHAEL EVANS</u> <u>6441 JET PILOT TRAIL</u> <u>TALLAHASSEE, FL 32309</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/23/07 850-894-9464

Daytime Phone #