


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90209 029 ***138.75

DOCUMENT # L06000102695	
1. Entity Name EVANS-FOWLER FLORIDA, LLC	

Principal Place of Business 14220 ROYAL HARBOUR CT. 510 FORT MYERS, FL 33908	Mailing Address 14220 ROYAL HARBOUR CT. 510 FORT MYERS, FL 33908
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60012772



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8264917	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DORAGH, PETE C/O THE DORAGH LAW FIRM, PL 7011 CYPRESS TERRACE, SUITE 103 FORT MYERS, FL 33907	
7. Name and Address of New Registered Agent Name JAN BAILLARGEON Street Address (P.O. Box Number is Not Acceptable) 14220 ROYAL HARBOUR CT. #510 City FORT MYERS FL Zip Code 33908	

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 *Jan Baillargeon* DATE 2/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'ALESSANDRO, FRANK 14220 ROYAL HARBOUR CT. #510 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAN BAILLARGEON 14220 ROYAL HARBOUR CT. #510 FORT MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jan Baillargeon* DATE 2/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE