


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90020 003 \*\*\*138.75

<b>DOCUMENT # L06000103831</b>	
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1. Entity Name  
EVERMORE COURT, LLC

Principal Place of Business  
5120 SOUTH FLORIDA AVE., SUITE 318  
LAKELAND, FL 33813

Mailing Address  
P.O. BOX 5078  
LAKELAND, FL 33807

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

03052008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-8181562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHRITTON, CHARLES P  
C/O WENDEL & CHRITTON, CHARTERED  
225 EAST LEMON STREET, SUITE 351  
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name **Albert G. Wendel**

Street Address (P.O. Box Number is Not Acceptable)  
**5120 S. Florida Ave.**

**Suite 318**

City **Lakeland**

**FL**

Zip Code **33813**

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

*Albert G. Wendel*

**Albert G. Wendel**

**5/1/08**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WENDEL, MARY E TRUSTEE 5120 SOUTH FLORIDA AVE., SUITE 318 LAKELAND, FL 33813</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Mary E. Wendel* **MARY E. WENDEL**

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

**5/1/08**

**863/648-9626**

Date

Daytime Phone #