
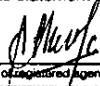



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90338 015 ***138.75

DOCUMENT # L07000029102 1. Entity Name EVC, LLC					
Principal Place of Business 2051 SW 70TH AVE SUITE E-22 DAVIE, FL 33317			Mailing Address 2051 SW 70TH AVE SUITE E-22 DAVIE, FL 33317		
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		
6. Name and Address of Current Registered Agent HENRIQUEZ, CARMEN 311 NW 162 AVE PEMBROKE PINES, FL 33028				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2051 SW. 70 AVE E-22 City DAVIE FL Zip Code 33317	
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 		AGENT		DATE 3/5/2008	
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		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HENRIQUEZ, CARMEN 311 NW 162 AVE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CARMEN HENRIQUEZ 2051 SW. 70 AVE E-22 DAVIE, FL 33317
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" 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: 		MANAGER		DATE 3/5/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					