## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L07000078929

1. Entity Name
HARMON STEPHEN EVANS "LLC"



**FILED** May 19, 2008 8:00 am Secretary of State 05-19-2008 90188 049 \*\*\*538.75

				<u> </u>				
Principal Place of Business 268 W SHIPWRECK ROAD SANTA ROSA BEACH, FL 32459		Mailing Address 268 W SHIPWRECK ROAD SANTA ROSA BEACH, FL 32459			60042152			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05052008	Chg-LLC	CR2E083 (12/06	5)	
City & State		City & State		4. FEI Numb	3249838	<del> </del>	Applied For Not Applicable	
Zip	Country	Zip	Country		e of Status Desired	\$5.00 A Fee Requi	dditional	
	6. Name and Address of Current F	Registered Agent		7. Name and	d Address of New R	egistered Agent		
5,440,445404.0			Name	Name				
	ARMON S IPWRECK ROAD DSA BEACH, FL 32459		Street Address (P.O. Box Nur		per is Not Acceptable	-		
			City			FL Zip Ca	xde	
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 Human S Eucon Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008					Make check payable to Florida Department of State			
9.	MANAGING MEMBEI	RS/MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Delete	गार्ष			☐ Change	Addition	
NAME	EVANS, HARMON S		NAME					
STREET ADDRESS	268 W SHIPWRECK ROAD		STREET ADDRESS					
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	)	CITY-ST-ZIP	<u>.</u>				
TITLE	MGRM	☐ Delete	TITLE			Changi	Addition	
NAME	EVANS, JEAN C		NAME STREET ASSESSED					
STREET ADDRESS CITY-ST-ZIP	268 W SHIPWRECK ROAD	•	STREET ADDRESS CITY-ST-ZIP					
	SANTA ROSA BEACH, FL 32459 MGRM	<del> </del>		<del>.</del>		(T) (t)		
TITLE NAME	MCCRORY, MICHAEL	Oelete	TITLE NAME			Chang	Addition	
STREET ADDRESS	268 W SHIPWRECK ROAD		STREET ADDRESS					
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	)	CITY-\$1-ZIP					
MILE	MGRM	☐ Delete	TITLE		· ····	☐ Change	Addition	
NAME	THOMAS, NATALIE		NAME					
STREET ADDRESS	268 W SHIPWRECK ROAD		STREET ADDRESS				ļ	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-S1-ZIP			<del></del>		
TITLE		☐ Delete	TITLE			Change	Addition	
name Street address			NAME Street address					
CITY-ST-ZIP			CITY-ST-ZIP				ſ	
TITLE		☐ Delete	TITLE			☐ Changi	Addition	
NAME		_ Delete	NAME			_ ~		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
44 I boss -		this filles does not such the		singed in Chapter 110	Clasida Chabana 16			

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: Haman & Evantorized Representative signature and typed or printed name of signing managing mender, manager, or authorized representative

5-1-08