

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90155 003 \*\*\*138.75

DOCUMENT # L07000123713



1. Entity Name  
83 CLARK STREET, LLC

Principal Place of Business  
110 EAST BROADWAY AVE.  
SUITE A  
OVIEDO, FL 32765

Mailing Address  
110 EAST BROADWAY AVE.  
SUITE A  
OVIEDO, FL 32765

30004030



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO Box 620460

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142008 Chg-LLC CR2E083 (12/06)

City & State

City & State  
OVIEDO, FL.

4. FEI Number

59-6060269

Applied For

Not Applicable

Zip

Country

Zip

32762

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWMAN, WILLIAM R JR ESQ  
SHUFFIELD LOWMAN & WILSON P.A.  
1000 LEGION PLACE SUITE 1700  
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name  
CHARLES W. EVANS

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

110 E. BROADWAY AVE. SUITE A

City  
OVIEDO

FL

Zip Code

32765

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 *Charles W. Evans* CHARLES W. EVANS

2-19-08

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 MGR  
NAME EVANS GROVES, INC.  
STREET ADDRESS 110 EAST BROADWAY AVE., SUITE A  
CITY-ST-ZIP OVIEDO, FL 32765 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ 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

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

Date

Daytime Phone #

2/15/08

407-365-6631