

## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007791

**Entity Name:** THE EVORS GROUP LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

**New Principal Place of Business:**

799 SHIPWATCH DRIVE, E  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

**New Mailing Address:**

799 SHIPWATCH DRIVE, E  
JACKSONVILLE, FL 32225

FEI Number: 80-0142483      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:** \_\_\_\_\_ **Name and Address of New Registered Agent:** \_\_\_\_\_

EVORS, BRUCE G  
799 SHIPWATCH DRIVE, E  
JACKSONVILLE, FL 32225 US

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EVORS, BRUCE G  
Address: 799 SHIPWATCH DRIVE, E  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM ( ) Delete  
Name: EVORS, MICHAEL J  
Address: 799 SHIPWATCH DRIVE, E  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRUCE EVORS

MGRM

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date