

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078767

**FILED**  
**Jan 30, 2010**  
**Secretary of State**

**Entity Name:** EVATONE FULFILLMENT SOLUTIONS LLC

**Current Principal Place of Business:**

630 LAFAYETTE BLVD.  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

630 LAFAYETTE BLVD.  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 27-0911233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, CARL E  
630 LAFAYETTE BLVD  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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: MGR  
Name: EVANS, SUZANNE C  
Address: 630 LAFAYETTE BLVD  
City-St-Zip: OLDSMAR, FL 34677

I hereby 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: SUZANNE EVANS

MGR

01/30/2010

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