

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000053103

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** EVELYN THOMAS ENTERPRISES, LLC

**Current Principal Place of Business:**

4140 WHIDDEN BLVD.  
UNIT B  
PORT CHARLOTTE, FL 33980 US

**New Principal Place of Business:**

**Current Mailing Address:**

4140 WHIDDEN BLVD.  
UNIT B  
PORT CHARLOTTE, FL 33980 US

**New Mailing Address:**

PO BOX 494351  
PORT CHARLOTTE, FL 33949 US

**FEI Number:** 27-2595453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMPSON, ELLEN L  
22266 ALCORN AVE  
PORT CHARLOTTE, FL 33952 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: MGRM  
Name: SIMPSON, ELLEN L  
Address: 22266 ALCORN AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: S  
Name: SIMPSON, ANTHONY L  
Address: 22266 ALCORN AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM  
Name: STUART, CAROL J  
Address: 70 STRASBURG DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: T  
Name: STUART, CHARLES C  
Address: 70 STRASBURG DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33954 US

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: ELLEN L SIMPSON

MGRM

04/23/2012

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