

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000065655

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** EVALAST ENTERTAINMENT LLC

**Current Principal Place of Business:**

1035 LOVE LANE  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 160884  
ALTAMONTE SPRINGS, FL 32716

**New Mailing Address:**

**FEI Number:** 27-2889681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHILLIPS, MICHAEL J  
1035 LOVE LANE  
APOPKA, FL 32703 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:** PHILLIPS, MICHAEL J  
**Address:** 1035 LOVE LANE  
**City-St-Zip:** APOPKA, FL 32703

**Title:** MGRM  
**Name:** WARD, NICOLE C  
**Address:** 1035 LOVE LANE  
**City-St-Zip:** APOPKA, FL 32703

**Title:** MGRM  
**Name:** SPENCER, CARLOS E  
**Address:** 2061 REDWING STREET  
**City-St-Zip:** JACKSONVILLE, FL 32206

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:** NICOLE C WARD

MGRM

04/30/2011

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