

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000119826

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** EVASION DISTRIBUTION LLC

**Current Principal Place of Business:**

403 FOURTH PLACE  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

403 FOURTH PLACE  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

**FEI Number:** 27-4071337

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WITTMAN, MICHAEL D  
3110 SOUTHGATE DRIVE  
346  
ROCKLEDGE, FL 32955 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:** WITTMAN, MICHAEL D  
**Address:** 403 FOURTH PLACE  
**City-St-Zip:** MERRITT ISLAND, FL 32953

**Title:** MGRM  
**Name:** WITTMAN, JASON R  
**Address:** 403 FOURTH PLACE  
**City-St-Zip:** MERRITT ISLAND, FL 32953

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:** MICHAEL WITTMAN

PRES

03/15/2011

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