

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State
07-01-2002 90355 012 ****55.00

DOCUMENT # **L970000837**

1. Entity Name **Evergreen Strategic Investments of Florida, LLC**

DO NOT WRITE IN THIS SPACE

969639

2. Principal Place of Business
124-A W. Whetherbine Way
Suite, Apt. #, etc.

3. Mailing Address
124-A W. Whetherbine Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
59-3466182

Applied For
Not Applicable

Zip
32301

Country
Leon

Zip
32301

Country
Leon

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
James W. Spencer

Street Address (P.O. Box Number is Not Acceptable)
124-A W. Whetherbine Way

City
Tallahassee

FL

Zip Code
32301

8. 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 **Sandra J. Spencer Secretary/Treasurer**

6/25/02
DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	James W. Spencer 124-A Whetherbine Way Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steven Spencer 124-A Whetherbine Way Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandra Spencer 124-A Whetherbine Way Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **Sandra Spencer**

6/25/02

(888) 792-3789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #