

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000006175

1. Entity Name
EVOLUTION INSURANCE BROKERS OF FLORIDA, L.L.C.



Principal Place of Business
**8722 SOUTH 300 WEST, 2ND FLOOR
SANDY, UT 84070**

Mailing Address
**8722 SOUTH 300 WEST, 2ND FLOOR
SANDY, UT 84070**

DO NOT WRITE IN THIS SPACE



01282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
87-0640024

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000042709
02/10/04-80033-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LINDSEY, F. DARRELL
PRIME PLAZA - 8722 SOUTH 300 WEST
SANDY, UT 84070**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

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

1/30/2004

Date

(801) 304-5573

Daytime Phone #

F. DARRELL LINDSEY, MANAGER