


**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
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 87-0640024	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

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

U00000042709
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
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1/30/2004** **(801) 304-5573**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

F. DARRELL LINDSEY, MANAGER