

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2005 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



02162005 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.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

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

TITLE	
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U00000244428
02/26/05-80021-004 50.00

**DO NOT WRITE
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

2/23/05

(800) 421-8328

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

Date

Daytime Phone #

F, DARRELL LINDSEY, MANAGER