

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006175

FILED  
Mar 14, 2008  
Secretary of State

**Entity Name:** EVOLUTION INSURANCE BROKERS OF FLORIDA, L.L.C.

**Current Principal Place of Business:**

8722 SOUTH 300 WEST, 2ND FLOOR  
SANDY, UT 84070

**New Principal Place of Business:**

**Current Mailing Address:**

8722 SOUTH 300 WEST, 2ND FLOOR  
SANDY, UT 84070

**New Mailing Address:**

**FEI Number:** 87-0640024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: MGR ( ) Delete  
Name: LINDSEY, RICK J  
Address: PRIME PLAZA - 8722 SOUTH 300 WEST  
City-St-Zip: SANDY, UT 84070

Title: MGR ( ) Delete  
Name: FENNELL, MICHEAL S  
Address: PRIME PLAZA - 8722 SOUTH 300 WEST  
City-St-Zip: SANDY, UT 84070

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: VICKI ZOLLINGER

ASST

03/14/2008

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