

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90593 004 ****50.00

DOCUMENT # M97000000245

1. Entity Name

EVANS & LUPTAK, P.L.C.



Principal Place of Business

4700 N.W. BOCA RATON BLVD., 4TH FL.
BOCA RATON FL 33431

Mailing Address

4700 N.W. BOCA RATON BLVD., 4TH FL.
BOCA RATON FL 33431

2. Principal Place of Business

2201 NW Corporate Blvd.
Suite, Apt. #, etc.
Suite 104
City & State
Boca Raton, Florida

3. Mailing Address

2201 NW Corporate Blvd.
Suite, Apt. #, etc.
Suite 104
City & State
Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33431

Country

USA

City & State

Boca Raton, Florida

Zip

33431

Country

USA

4. FEI Number

38-3140253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAKOBSON, MARKUS ESQ.
4700 N.W. BOCA RATON BLVD., 4TH FL.
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name Russell A. McHarris, Jr.

Street Address (P.O. Box Number is Not Acceptable)
2201 NW Corporate Blvd.

Suite 104

City Boca Raton

FL

Zip Code 33431

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 Russell A. McHarris, Jr. - Senior Counsel

2/28/2005

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CLARKSON, KENNETH J
STREET ADDRESS 7457 FRANKLIN ROAD
CITY-ST-ZIP BLOOMFIELD HILL MI 48301 ☐ Delete

TITLE MGRM
NAME MEHR, MICHAEL J
STREET ADDRESS 7457 FRANKLIN RD., SUITE 250
CITY-ST-ZIP BLOOMFIELD HILLS MI 48301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Kenneth J. Clarkson 5/03/05 248.406.5100

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

Date Daytime Phone #