

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000112831

**Entity Name:** EVANS & ASSOCIATES LLC

**Current Principal Place of Business:**

10 SW SOUTH RIVER DRIVE  
SUITE 1502  
MIAMI, FL 33130

**Current Mailing Address:**

10 SW SOUTH RIVER DRIVE  
SUITE 1502  
MIAMI, FL 33130 US

**FEI Number:** 46-3145621

**Certificate of Status Desired:** No

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

EVANS, BENJAMIN C III  
10 SW SOUTH RIVER DRIVE  
SUITE 1502  
MIAMI, FL 33130 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name EVANS, BENJAMIN C III  
Address 10 SW SOUTH RIVER DRIVE  
SUITE 1502  
City-State-Zip: MIAMI FL 33130

Title MGRM  
Name LEVEILLE, KEVEN  
Address 8284 NE 3RD AVE  
City-State-Zip: MIAMI FL 33138

Title MGRM  
Name BURKE, ALLISON S  
Address 3098 SW 142ND AVE  
City-State-Zip: MIRAMAR FL 33027

Title MGRM  
Name THORTON, CHRISTI  
Address 8284 NE 3RD AVE  
City-State-Zip: MIAMI FL 33138

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BENJAMIN EVANS

**MGR**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date