

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000224600

**Entity Name:** EVOLI LLC

**Current Principal Place of Business:**

3890 JENKS AVENUE  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

P.O. BOX 27066  
PANAMA CITY, FL 32411 US

**FEI Number:** 83-2007892

**Certificate of Status Desired:** No

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

PYNE LAW GROUP, PA  
2309 FRANKFORD AVENUE  
SUITE A  
PANAMA CITY, FL 32405 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           MANAGER  
Name           AK CAPITAL MANAGEMENT LLC  
Address        P.O. BOX 27066  
City-State-Zip: PANAMA CITY FL 32411

*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:** AK CAPITAL MANAGEMENT LLC BY LAURA C  
PYNE, ESQ.

**MANAGER**

**04/24/2025**

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

\_\_\_\_\_ Date