

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016901

FILED  
Mar 25, 2008  
Secretary of State

Entity Name: LEVANT ENTERPRISES, LLC

**Current Principal Place of Business:**

6912 E 9TH AVE  
TAMPA, FL 33619

**New Principal Place of Business:**

6912 E 9TH AVE  
TAMPA, FL 33619 US

**Current Mailing Address:**

6912 E 9TH AVE  
TAMPA, FL 33619

**New Mailing Address:**

6912 E 9TH AVE  
TAMPA, FL 33619 US

FEI Number: 59-3756043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEVANT, LEE A  
6912 E 9TH AVE  
TAMPA, FL 33619 US

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

LEVANT, LEE A PRES  
6912 E 9TH AVE  
TAMPA, FL 33619 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: LEVANT, LEE A

03/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEVANT, LEE A  
Address: 6912 E 9TH AVE  
City-St-Zip: TAMPA, FL 33619

Title: MGRM ( ) Delete  
Name: LEVANT, SARAH E  
Address: 6912 E 9TH AVE  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEVANT, LEE A  
Address: 6912 E 9TH AVE  
City-St-Zip: TAMPA, FL 33619 US

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: LEE A LEVANT

MGRM

03/25/2008

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