

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 15, 2008 08:00 AM
Secretary of State**

DOCUMENT # L06000042948

1. Entity Name

THE NEXT LEVEL GROUP, LLC



Principal Place of Business

168 EAST INLET DRIVE
PALM BEACH, FL 33480

Mailing Address

168 EAST INLET DRIVE
PALM BEACH, FL 33480



02132008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4826412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, MITCHELL R
168 EAST INLET DRIVE
PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000829474
02/26/08-80039-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EVANS, MITCHELL R
168 EAST INLET DRIVE
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KIND, MICHAEL R
5312 NW 60TH DRIVE
CORAL SPRINGS, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

2/13/08

Date

561-351-6250

Daytime Phone #