

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025203

FILED
Apr 26, 2009
Secretary of State

Entity Name: LEVONCHI ENTERPRISES L.L.C.

Current Principal Place of Business:

3300 NORTH EAST 192 ST
APT 1604
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3300 NORTH EAST 192 ST
APT 1604
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 42-1625232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EAGLE TAX REPRESENTATION, CORP
23150 SANDALFOOT PLAZA DRIVE
STE E
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHILGEN, LETICIA V
Address: 3300 NORTH EAST 192 ST # APT 1604
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: FERREIRA, CARLOS S
Address: 3300 NORTH EAST 192 ST # APT 1604
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: FERREIRA, CLAUDIO S
Address: 3300 NORTH EAST 192 ST # APT 1604
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LETICIA VON SCHILGEN

MS

04/26/2009

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