

# 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