

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122812

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: LEVITIS DEVELOPMENT & MANAGEMENT, LLC

**Current Principal Place of Business:**

1250 E. HALLANDALE BEACH BLVD  
802  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

1250 E. HALLANDALE BEACH BLVD  
305  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1250 E. HALLANDALE BEACH BLVD  
802  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

1250 E. HALLANDALE BEACH BLVD  
305  
HALLANDALE BEACH, FL 33009

FEI Number: 20-4059735

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEVITIS, ILYA  
3201 NE 183RD ST  
602  
AVENTURA, FL 33160 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: MGRM ( ) Delete  
Name: LEVITIS, ILYA  
Address: 3201 NE 183RD ST, APT. 602  
City-St-Zip: AVENTURA, FL 33160

Title: MGRM ( ) Delete  
Name: LEVITIS, DIANA  
Address: 3201 NE 183RD ST, APT. 602  
City-St-Zip: AVENTURA, FL 33160

**ADDITIONS/CHANGES:**

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: ILYA LEVITIS

MGRM

04/28/2009

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