

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2009
Secretary of State

DOCUMENT# L08000038775

Entity Name: COLE LEAVITT HOLDINGS, LLC

Current Principal Place of Business:

1018 S.W. 8TH STREET
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

805 WEST BROWARD BOULEVARD
FORT LAUDERDALE, FL 33312

Current Mailing Address:

1018 S.W. 8TH STREET
FORT LAUDERDALE, FL 33315

New Mailing Address:

805 WEST BROWARD BOULEVARD
FORT LAUDERDALE, FL 33312

FEI Number: **FEI Number Applied For** **FEI Number Not Applicable** **Certificate of Status Desired**

Name and Address of Current Registered Agent:

LEAVITT, COLE
1018 S.W. 8TH STREET
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

LEAVITT, COLE
805 WEST BROWARD BOULEVARD
FORT LAUDERDALE, FL 33312 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: COLE LEAVITT 09/07/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR Delete
Name: LEAVITT, COLE D
Address: 1018 S.W. 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: MGR Delete
Name: NOCERINI, STEVEN F
Address: 805 W BROWARD BLVD
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

Title: MGR Change Addition
Name: LEAVITT, COLE D
Address: 805 WEST BROWARD BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33312

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: COLE LEAVITT MANG 09/07/2009

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