

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000009784

**Entity Name:** J LEVINE INC

**Current Principal Place of Business:**

4001 SANTA BARBARA BLVD  
# 366  
NAPLES, FL 34104

**Current Mailing Address:**

4001 SANTA BARBARA BLVD  
# 366  
NAPLES, FL 34104 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

COOPER, STEVEN  
4001 SANTA BARBARA BLVD  
#366  
NAPLES, FL 34104 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LEVINE, JOEL  
Address 9 LULLWATER PLACE  
City-State-Zip: ATLANTA GA 30306

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOEL LEVINE

P

04/22/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date