

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000016901

**Entity Name:** LEVANT ENTERPRISES, LLC

**Current Principal Place of Business:**

7005 E. 14TH. AVE.  
TAMPA, FL 33619

**FILED**  
**Mar 29, 2016**  
**Secretary of State**  
**CC3935592194**

**Current Mailing Address:**

PO BOX 75301  
TAMPA, FL 33675 US

**FEI Number: 59-3756043**

**Certificate of Status Desired: No**

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

LEVANT, LEE A PRES  
7005 E. 14TH. AVE.  
TAMPA, FL 33619 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

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	LEVANT, LEE A	Name	LEVANT, SARAH E
Address	7005 E. 14TH. AVE.	Address	7005 E. 14TH. AVE.
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LEE LEVANT**

**PRES**

**03/29/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date