

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069130

Entity Name: LEVANT GROUP, LLC

Current Principal Place of Business:

7005 14TH AVE
TAMPA, FL 33619

Current Mailing Address:

PO BOX 75301
TAMPA, FL 33675 US

FEI Number: 20-5648025

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVANT, LEE A
7005 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 MGRM	Name	LEVANT, SARAH E
Address	7005 14TH AVE	Address	7005 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

MANAGER

03/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date