

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036500

Entity Name: H. LEVINE, LLC

Current Principal Place of Business:

4985 KINGSTON WAY
NAPLES, FL 34119

Current Mailing Address:

4985 KINGSTON WAY
NAPLES, FL 34119 US

FEI Number: 26-2381012

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVINE, HEGER
4985 KINGSTON WAY
NAPLES, FL 34119 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
Name LEVINE, HEGER
Address 4985 KINGSTON WAY
City-State-Zip: NAPLES FL 34119

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: L HEGER LEVINE

OWNER/MANAGER

04/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date