

**2024 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:** Yes

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

**SIGNATURE:** HEGER LEVINE

**OWNER**

**03/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date