

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000066268

**Entity Name:** LEVY'S INVESTMENT LLC

**Current Principal Place of Business:**

619 N E 193 TERRACE  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

619 N E 193 TERRACE  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** 45-5345220

**Certificate of Status Desired:** No

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

CHEDIAK, MIRTA  
C/O SOUTH BROWARD ACCOUNTING SERVICE  
5599 S UNIVERSITY DR. STE 306  
DAVIE, FL 33328 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 LEVY, GISELA  
Address 619 N E 193 TERRACE  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title MGRM  
Name LEVY, LEON  
Address 619 NE 193 TERRACE  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*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:** LEON LEVY

**MGR**

**04/14/2015**

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

\_\_\_\_\_  
Date