

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000157385

**FILED**  
**Apr 23, 2014**  
**Secretary of State**  
**CC0238956629**

**Entity Name:** LEVAN PARTNERS LLC

**Current Principal Place of Business:**

401 E LAS OLAS BLVD STE 800  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

401 E LAS OLAS BLVD STE 800  
FORT LAUDERDALE, FL 33301

**FEI Number:** 46-4117885

**Certificate of Status Desired:** No

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

LEVAN, ALAN B  
401 E LAS OLAS BLVD STE 800  
FORT LAUDERDALE, FL 33301 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 MGR  
Name LEVAN, ALAN B  
Address 401 E LAS OLAS BLVD STE 800  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGR  
Name LEVAN, SUSANA C  
Address 401 E LAS OLAS BLVD STE 800  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGR  
Name LEVAN, JARETT  
Address 401 E LAS OLAS BLVD STE 800  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** ALAN B. LEVAN

**MANAGER**

**04/23/2014**

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

\_\_\_\_\_  
Date