

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000118438

**Entity Name:** RON AND KIM LEVINE, LLC

**Current Principal Place of Business:**

18 COVENTRY DRIVE  
HAINES CITY, FL 33844

**Current Mailing Address:**

18 COVENTRY DRIVE  
HAINES CITY, FL 33844

**FEI Number:** 82-1887962

**Certificate of Status Desired:** Yes

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

LEVINE, RONALD  
18 COVENTRY DRIVE  
HAINES CITY, FL 33844 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                  | Title           | MGR                  |
| Name            | LEVINE, RONALD B     | Name            | RONALD LEVINE        |
| Address         | 18 COVENTRY DRIVE    | Address         | 18 COVENTRY DRIVE    |
| City-State-Zip: | HAINES CITY FL 33844 | City-State-Zip: | HAINES CITY FL 33844 |

*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: RONNIE B LEVINE**

**MANAGER**

**01/18/2023**

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

\_\_\_\_\_  
Date