

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000001669**

1. Entity Name  
**LEVIN FINANCIAL GROUP, LLC**



Principal Place of Business  
**4830 W. KENNEDY BLVD., SUITE 800  
TAMPA, FL 33609**

Mailing Address  
**4830 W. KENNEDY BLVD., SUITE 800  
TAMPA, FL 33609**



D1052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3697295**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LEVIN, GARY J  
4830 W. KENNEDY BLVD., SUITE 800  
TAMPA, FL 33609**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                |                                  |
|----------------|----------------------------------|
| TITLE          | MGRM                             |
| NAME           | LEVIN, GARY J                    |
| STREET ADDRESS | 4830 W. KENNEDY BLVD., SUITE 800 |
| CITY-ST-ZIP    | TAMPA, FL 33609                  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| CITY-ST-ZIP    |  |

000000417957  
02/13/06-80073-016 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1/23/06**  
Date

**813-637-6333**  
Daytime Phone #