2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016901

1. Entity Name

LEVANT ENTERPRISES, LLC

FILED Apr 30, 2003 8:00 am Secretary of State
04-30-2003 90181 002 ****50.00

<u> </u>			- THE THE	7		
		Mailing Address 6912 E 9TH AVE TAMPA FL 33619				
2. Principal Place of Business		3. Mailing Address		1 1801/101/ DI 101/01/ LUDIK BARRI BUTA DANAK TUKUK HARI 	A ANNU KURN BURN KURN KUR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3756043	Applied For Not Applicable	
Zip	Country	Zip-	Country	5. Certificate of Status Desired-	55.00 Additional	
	6. Name and Address of Curre	ent Registered Agent	· -	7. Name and Address of New Registered A	gent	
			Name			
LEVANT, LEE A 6912 E 9TH AVE TAMPA FL 33619			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
IAM	IPA PL 33619					
	·		City	, FL	Zip Code	
	named entity submits this statemer ions of registered agent.	at for the purpose of changing its reg	gistered office or regi	stered agent, or both, in the State of Florida. I am fa	miliar with, and accept	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: Re	egistered Agent signature rec	uired when reinstating) DATE		
		Make Check Payable t	/!!! FEE IS \$50.0 to Florida Depart By May 1, 2003			
9.	BAANIACING MEN	MBERS/MANAGERS	10.	ADDITIONS/CHANGES		
TITLE	MGRM	Delete	TITLE	}	☐ Change ☐ Addition &	
NAME	LEVANT, LEE A	Colete .	NAME		☐ Change ☐ Addition ☐ 8	
STREET ADDRESS	6912 E 9TH AVE		STREET ADDRESS	,		
CITY-ST-ZIP	TAMPA FL 33619		CITY-ST-ZIP	· ·	` /	
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CITY-ST-ZIP	TAMPA FL 33619		CITY-ST-ZIP			
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11 i hereby o	sertify that the information supplied	with this filling does not qualify for the	e everntion stated in	Section 119 07(3)(i) Florida Statutes I further certif	that the information	

a nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE AND TYPED OR PRINTED

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date