

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90588 015 ****50.00

DOCUMENT # **LOI 000022501**
1. Entity Name

RONALD C LEVINE, LLC

DO NOT WRITE IN THIS SPACE

957836

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

A-106

Suite, Apt. #, etc.

SAME

DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale FL

City & State

SAME

4. FEI Number

Applied For

☒ Not Applicable

Zip

33351

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **LEVINE & SEGAUL, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

SUITE A-106

4300 N. UNIVERSITY DRIVE

City **FT LAUDERDALE FL**

Zip Code

33351

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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LAWRENCE A LEVINE
SUITE A-106 4300 N. UNIVERSITY
FT LAUDERDALE FL 33351 DRIVE**

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11. I hereby certify that the information supplied with this filing 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 registered agent 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

954 - 749-6700
4/21/02

CR2E083B (12/01)