

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004780

Entity Name: LEVYLAND LLC

FILED
Mar 08, 2004
Secretary of State

Current Principal Place of Business:

914 ATLANTIC AVE.
2-A
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

914 ATLANTIC AVE.
2-A
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 75-3043300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
THE GREENLEAF BUILDING 200 LAURA STREET
JACKSONVILLE, FL 322023510 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: AGRICOLA, WILLIAM L
Address: 914 ATLANTIC AVE STE 2A
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM () Delete
Name: MCARTHUR, WILLIAM A
Address: PO BOX 569
City-St-Zip: JACKSONVILLE, FL 32236

Title: MGRM () Delete
Name: KENYOU, MATTEW E
Address: 914 ATLANTIC AVE STE 2-A
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: WILLIAM L. AGRICOLA

MGRM

03/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date