

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90692 028 ****50.00

DOCUMENT # L02000004780

1. Entity Name
LEVYLAND LLC



Principal Place of Business
**914 ATLANTIC AVE.
FERNANDINA BEACH FL 32034**

Mailing Address
**914 ATLANTIC AVE.
FERNANDINA BEACH FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2-A

Suite, Apt. #, etc.

2-A

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-3043300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**F&L CORP.
THE GREENLEAF BUILDING 200 LAURA STREET
JACKSONVILLE FL 32202-3510**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MEM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William L. Agricola	
STREET ADDRESS	914 Atlantic Avenue, Suite 2-A	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	MEM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William A. McArthur	
STREET ADDRESS	P O Box 569	
CITY-ST-ZIP	Jacksonville, FL 32236	
TITLE	MEM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matthew E. Kenyon	
STREET ADDRESS	914 Atlantic Avenue, Suite 2-A	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

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

4/29/03

Date

Daytime Phone #

10000391