

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90371 004 \*\*\*\*55.00

**DOCUMENT # L02000010569**

1. Entity Name  
**Yafa Levit, LLC**



Principal Place of Business  
**4003 E. SAILBOAT DR.  
COOPER CITY, FL 33026**

Mailing Address  
**4003 E. SAILBOAT DR.  
COOPER CITY, FL 33026**

**60017053**



02112007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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

**LEVIT, Yafa PRESIDE  
4003 E. SAILBOAT DR.  
COOPER CITY, FL 33026**

**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 reinstating.)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LEVIT, Yafa 4003 E. SAILBOAT DRIVE COOPER CITY, FL 33026</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BROWN, KAREN L 3685 HERON RIDGE LANE WESTON, FL 33331</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LEVIT SCHWARTZ, DONNA 3737 HERON RIDGE LANE FORT LAUDERDALE, FL 33331</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** *Yafa Levit*

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

Date

Daytime Phone #

*2-11-07*