

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90066 047 \*\*\*138.75

**DOCUMENT # L02000013993**

1. Entity Name  
**COPAN'S BUSINESS CENTER, LLC**



Principal Place of Business

~~4700 HIATUS ROAD, SUITE 153~~  
~~SUNRISE, FL 33351~~

*4901 NW 17th Way #103*  
*Ft. Lauderdale, Fla. 33309*

Mailing Address

4901 NW 17 WAY  
SUITE 103  
FORT LAUDERDALE, FL 33309

**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-LLC

CR2E083 (12/07)

4. FEL Number  
**35-2475396**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVY, ALAN *M*  
4901 NW 17TH WAY, SUITE 103  
FT. LAUDERDALE, FL 33309

**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

*Alan M. Levy*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/22/08*

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GENET, BENJAMIN J  
4700 HIATUS ROAD, SUITE 153  
SUNRISE, FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LEVY, ALAN  
4901 N.W. 17TH WAY, SUITE 103  
FT LAUDERDALE, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

*Alan M. Levy*

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

Date

Daytime Phone #

*Alan M. Levy 4/22/08*

*954 491-5505*