

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90064 015 ****50.00

DOCUMENT # L03000008389

1. Entity Name
ERIK LEAVELL & ASSOCIATES, P.L.



Principal Place of Business

**11911 US HWY 1
SUITE 201-15
NORTH PALM BEACH, FL 33408**

Mailing Address

**60 NE 104 ST.
MIAMI, FL 33138**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

06-1681149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEAVELL, ERIK
8733 OLDHAM WAY
WEST PALM BEACH, FL 33412**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity certifies 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
**MGRM
LEAVELL, ERIK
8733 OLDHAM WAY
WEST PALM BEACH, FL 33412**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

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

Date

Daytime Phone #