

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019806

FILED
Mar 04, 2009
Secretary of State

Entity Name: NEW LEVEL ENTERPRISE LLC

Current Principal Place of Business:

1802 N UNIVERSITY DRIVE
102-365
PLANTATION, FL 33322

Current Mailing Address:

1802 N UNIVERSITY DRIVE
102-365
PLANTATION, FL 33322

New Principal Place of Business:

1560 SAWGRASS CORPORATE PARKWAY
SUITE 400
SUNRISE, FL 33323 US

New Mailing Address:

1560 SAWGRASS CORPORATE PARKWAY
SUITE 400
SUNRISE, FL 33323 US

FEI Number: 20-0863048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOZIER, SHELLEY
5960 NW 14TH PLACE
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

LOZIER, SHELLEY
1802 N UNIVERSITY DR
SUITE 102-365
PLANTATION, FL 33322 US

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: SHELLEY LOZIER

03/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOZIER, SHELLEY
Address: 5960 NW 14TH PLACE
City-St-Zip: SUNRISE, FL 33313 US

Title: MGR () Delete
Name: LOZIER, RUTH
Address: 5960 NW 14TH PLACE
City-St-Zip: SUNRISE, FL 33313 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: FORTUNAT, STACEY
Address: 3550 CENTERVILLE HWY SUIT 107-232
City-St-Zip: SNELLVILLE, GA 30039 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHELLEY LOZIER

MGR

03/04/2009

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