

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082244

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: LEVIATHAN ENTERPRIZES, LLC

**Current Principal Place of Business:**

PO BOX 770893  
OCALA, FL 34477

**New Principal Place of Business:**

6730 SW 129 LOOP  
OCALA, FL 34473

**Current Mailing Address:**

PO BOX 770893  
OCALA, FL 34477

**New Mailing Address:**

FEI Number: 20-3380423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMOS, YAZMIN  
10510 SW 47 AVE  
OCALA, FL 34476 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RAMOS, RAUL  
Address: 3565 SW 150 LN RD  
City-St-Zip: OCALA, FL 34473

Title: TRE ( ) Delete  
Name: RAMOS, YAZMIN  
Address: 10510 SW 47 AVE  
City-St-Zip: OCALA, FL 34476 US

Title: SEC ( ) Delete  
Name: SMALLWOOD, BRIAN  
Address: 10510 SW 47 AVE  
City-St-Zip: OCALA, FL 34476 US

**ADDITIONS/CHANGES:**

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

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

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

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: YAZMIN RAMOS

TRE

04/25/2007

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