

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90036 020 \*\*\*\*\*50.00

**DOCUMENT # L05000099240**

1. Entity Name

LEVITAN & PALENCIA LLC



Principal Place of Business

Mailing Address

1790 CORAL WAY  
FIRST FLOOR  
MIAMI FL 33145

1790 CORAL WAY  
FIRST FLOOR  
MIAMI FL 33145

2. Principal Place of Business - No P.O. Box #

111 SW 5th Ave

3. Mailing Address

111 SW 5th Ave

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

Miami, Florida

City & State

Miami, FL

Zip

33130

Country

USA

Zip

33130

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3753034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESTRELLA & DIAZ-LEYVA, P.A.  
1321 ALTON RD  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-issuing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
LEVITAN, AIDA  
445 GRAND BAY DRIVE, APT. 501  
KEY BISCAVNE FL 33149 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
PEREZ-PALENCIA, JAVIER  
1621 SW 14TH TERRACE  
MIAMI FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
  
  
  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
  
  
  
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *X*

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

Date

Daytime Phone #

(305) 856-9192