2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000115875

1. Entity Name

LEVIN, MORGAN & LONGO, LLC



04-28-2008 90029 002 ***138.75

FILED

Apr 28, 2008 8:00 am Secretary of State

Principal Place of Business

165 W. JESSUP AVENUE LONGWOOD, FL 32750 Mailing Address

165 W. JESSUP AVENUE LONGWOOD, FL. 32750



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04072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-4203848

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
Norman David Levin
LONGO QUINONES, DENNIGEN
165 W. JESSUP AVENUE
LONGWOOD, FL. 32750

DO NOT WRITE IN THIS SPACE

inc usingations of registered agent.					
SIGNATURE.	Nama I	Norman D. Levin	4/7/08		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent agretium required when reinstating)	DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	V MANAGING MEMBERS/MANAGERS				
TITLE	MGRM *	··			
NAME .	LEVIN, NORMAN D				
STREET ADORESS	165 W JESSUP AVE				
CITY-ST-ZIP	LONGWOOD, FL 32750				
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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

11. I hereby certify that the information supplied with this filting 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: 1

STREET ADDRESS CITY-ST-ZIP

<u>Lui</u>

Norman D. Levin

4/7/08

407-834-9494

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

Date

Daytime Phone #