

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000123305

**Entity Name:** LEVINE & STIVERS, LLC

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

245 EAST VIRGINIA STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

245 EAST VIRGINIA STREET  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 20-3986116      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEVINE, MARK S  
245 EAST VIRGINIA STREET  
TALLAHASSEE, FL 32301 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: MGRM  
Name: LEVINE, MARK S  
Address: 245 E VIRGINIA ST  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby 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: MARK S. LEVINE

MGRM

01/04/2011

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