

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000023322

Entity Name: JL LEAVITT & CO., LLC

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

**Current Principal Place of Business:**

610 CHAPEL LN.  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

610 CHAPEL LN.  
PORT ST. JOE, FL 32456

**New Mailing Address:**

FEI Number: 20-4447904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEAVITT, JEFFREY L  
610 CHAPEL LN.  
PORT ST. JOE, FL 32456 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  
Name: LEAVITT, JEFFREY L  
Address: 610 CHAPEL LN.  
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGRM  
Name: LEAVITT, LYNN D  
Address: 610 CHAPEL LN.  
City-St-Zip: PORT ST. JOE, FL 32456

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: JEFF LEAVITT

MR.

01/04/2011

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