2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000067132

1. Entity Name
LEVON ENTERPRISES LLC

Principal Place of Business	Mailing Address
305 ARCADIA LANE CELEBRATION, FL 34747	305 ARCADIA LANE CELEBRATION, FL 34747

02062008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5153073
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DERDERIAN, DAVID H
305 ARCADIA LANE
CELEBRATION, FL 34747

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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 the obligations of registered agent.

SIGNATURE: LEVON DERDERIAN 2-12-08
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000829327
02/26/08-80036-016 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	DERDERIAN, DAVID H
STREET ADDRESS	305 ARCADIA LANE
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	MGRM
NAME	DEDERIAN, LEVON JR.
STREET ADDRESS	305 ARCADIA LANE
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing 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: X LEVON DERDERIAN 2-12-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #