

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

05-03-2007 90261 018 ****50.00

DOCUMENT # L06000116322 1. Entity Name LEVINE MAKRIS CPAS, LLC					
Principal Place of Business 20283 STATE ROAD 7 SUITE 400 BOCA RATON, FL 33498			Mailing Address 20283 STATE ROAD 7 SUITE 400 BOCA RATON, FL 33498		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
4. FEI Number 20-5989257				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LIOCE, DOMENICK R 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Leonard W. Levine Street Address (P.O. Box Number is Not Acceptable) 1903 S. Congress Ave. #350 City Boynton Beach FL Zip Code 33426		
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 4/27/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member-Manager PBSCPA Inc. 1903 S. Congress Ave. #350 Boynton Beach, FL 33426		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member-Manager John A. Makris CPA, P.A. 1903 S. Congress Ave. #350 Boynton Beach, FL 33426		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 4/27/07 561-572-2000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					