

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073508

Entity Name: LYNDA LEVITT L.L.C.

FILED  
Jun 22, 2009  
Secretary of State

## Current Principal Place of Business:

3002A MASON ST.  
TAMPA, FL 33629

## New Principal Place of Business:

5823 BOWEN DANIEL DR.  
603  
TAMPA, FL 33616

## Current Mailing Address:

3002A MASON ST.  
TAMPA, FL 33629

## New Mailing Address:

5823 BOWEN DANIEL DR.  
603  
TAMPA, FL 33616

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LYNDA, LEVITT  
5000 CULBREATH KEY WAY  
SUITE 9-124  
TAMPA, FL 33611 US

## Name and Address of New Registered Agent:

LYNDA, MINTZ-LEVITT  
5823 BOWEN DANIEL DR.  
603  
TAMPA, FL 33616 US

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: LYNDA MINTZ-LEVITT

06/22/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LEVITT, LYNDA E  
Address: 5000 CULBREATH KEY WAY  
City-St-Zip: TAMPA, FL 33611

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MINTZ-LEVITT, LYNDA E  
Address: 5823 BOWEN DANIEL DR. SUITE 603  
City-St-Zip: TAMPA, FL 33616

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LYNDA MINTZ LEVITT

MGRM

06/22/2009

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