

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000095131

Entity Name: LEVINE MAKRIS RE LLC

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7805 NW BEACON SQ BLVD  
STE 201  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

7805 NW BEACON SQ BLVD  
STE 201  
BOCA RATON, FL 33487 US

**New Mailing Address:**

FEI Number: 26-1100632

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEVINE MAKRIS CPAS LLC  
7805 NW BEACON SQ BLVD  
STE 201  
BOCA RATON, FL 33487 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, LEONARD W  
Address: 7805 NW BEACON SQ BLVD #201  
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGRM  
Name: MAKRIS, JOHN A  
Address: 7805 NW BEACON SQ BLVD #201  
City-St-Zip: BOCA RATON, FL 33487 US

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: LEONARD W LEVINE

MGRM

04/16/2010

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