

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000007594

**Entity Name:** SWISTAK LEVINE, P.L.

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

334 NE 1ST AVE  
DELRAY BEACH, FL 33444 US

**New Principal Place of Business:**

455 NE 5TH AVE  
SUITE D-371  
DELRAY BEACH, FL 33483 US

**Current Mailing Address:**

777 EAST ATLANTIC AVE  
SUITE C2-371  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

455 NE 5TH AVE  
SUITE D-371  
DELRAY BEACH, FL 33483 US

FEI Number: 26-1814068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWISTAK, JAY L  
777 EAST ATLANTIC AVE  
SUITE C2-371  
DELRAY BEACH, FL 33483 US

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

SWISTAK, JAY L  
455 NE 5TH AVE  
SUITE D-371  
DELRAY BEACH, FL 33483 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: JAY L SWISTAK

06/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SWISTAK, JAY  
Address: 455 NE 5TH AVE, SUITE D-371  
City-St-Zip: DELRAY BEACH, FL 33483 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: JAY L SWISTAK

MGMB

06/12/2012

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