

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043551

Entity Name: LEVITAN-MCQUAID, LLC

FILED
Jan 26, 2009
Secretary of State

Current Principal Place of Business:

3000 IMMOKALEE ROAD #9
NAPLES, FL 34110

New Principal Place of Business:

5628 STRAND BLVD., #2
NAPLES, FL 34110

Current Mailing Address:

3000 IMMOKALEE ROAD #9
NAPLES, FL 34110

New Mailing Address:

5628 STRAND BLVD., #2
NAPLES, FL 34110

FEI Number: 32-0246142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVITAN, ANN P
3000 IMMOKALEE ROAD #9
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

LEVITAN, ANN P
5628 STRAND BLVD., #2
NAPLES, FL 34110 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: ANN LEVITAN

01/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEVITAN, ANN P
Address: 3000 IMMOKALEE ROAD #9
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: MCQUAID, TIFFANY M
Address: 3000 IMMOKALEE ROAD #9
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEVITAN, ANN P
Address: 5628 STRAND BLVD., #2
City-St-Zip: NAPLES, FL 34110

Title: MGR (X) Change () Addition
Name: MCQUAID, TIFFANY M
Address: 5628 STRAND BLVD., #2
City-St-Zip: NAPLES, FL 34110

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: ANN LEVITAN

MGR

01/26/2009

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