

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099775

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: LEVANS OF SW FLORIDA, LLC

**Current Principal Place of Business:**

875 GULF SHORE BLVD. SOUTH  
NAPLES, FL 34102

**New Principal Place of Business:**

10801 CORKSCREW RD.  
137  
ESTERO, FL 33928

**Current Mailing Address:**

875 GULF SHORE BLVD. SOUTH  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 26-3613750      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 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 ( ) Delete  
Name: MASSELLO, LEN  
Address: 875 GULF SHORE BLVD. SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete  
Name: EVANS, JAYCE  
Address: 875 GULF SHORE BLVD. SOUTH  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: EVANS, JAYCE  
Address: 21609 BACCARAT LN #103  
City-St-Zip: ESTERO, FL 33928

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: JAYCE EVANS

MM

04/09/2009

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