

L12 0000 24302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

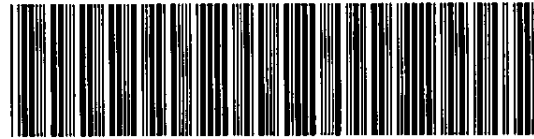
(Business Entity Name)

(Document Number)

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14 MAR -6 AM 11:23  
J. Stivers

J. Stivers MAR 07 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Levco Investment Group LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clotilde Levi

Name of Person

LEVCO INVESTMENT GROUP LLC

Firm/Company

4706 N 39 ST

Address

Hollywood FL 33021

City/State and Zip Code

clolevi@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clotilde Levi

Name of Person

at 786 942-5337

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

LEVCO INVESTMENT GROUP LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mr</u>	<u>Jacques Abecassis</u>	<u>1920 S OCEAN DR, APT 3B HALLANDALE BEACH, FL 33009</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>Mrs</u>	<u>Sylvie Abecassis</u>	<u>1920 S OCEAN DR, APT 3B HALLANDALE BEACH, FL 33009</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>Mr</u>	<u>George Baron</u>	<u>11 Boulevard de La Comtess</u>	<input checked="" type="checkbox"/> Add
		<u>Marseille 13012 France</u>	<input type="checkbox"/> Remove
<u>MRS</u>	<u>Nicole Daniele Baron</u>	<u>11 Boulevard de La Comtess</u>	<input checked="" type="checkbox"/> Add
		<u>Marseille 13012 France</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/31, 2014.

*Chotilde Levi*

Signature of a member or authorized representative of a member

CHOTILDE LEVI

Typed or printed name of signee

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Filing Fee: \$25.00

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MAR 11 2014