

## 2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or  
After October 8, 1997. If Dissolved, Minimum Amount  
Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
97 OCT -1 PM 2: 24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee  
**\$ 588.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company **DOCUMENT # L96000000251**

LEVOE, L.C  
213 Pirates Rd.  
Summerland Key FL 33042

1a. Principal Place of Business Address

Key Colony Beach, FL

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

Key Colony Beach

Suite, Apt. #, etc.

2a. Mailing Address

213 Pirates Rd.

Suite, Apt. #, etc.

3. Date Organized or Qualified

03/05/1996

3a. State of Formation

FL

City & State

Florida

Zip

Country

City & State

Summerland Key FL

Zip  
33042

Country

Monroe

4. FEI Number

65-0646717

☐ Applied For

☐ Not Applicable

5. Date of Last Report

1996

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

AMERILAWYER CHARTER, D  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

8. Name and Address of New Registered Agent

Name

Morris Lewis

Street Address (P.O. Box Number is Not Acceptable)

213 Pirates Rd.

Suite, Apt. #, etc.

City

Summerland Key

Zip Code

FL 33042

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

*M. Lewis*

DATE

9/15/97

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	VOELKERT, DONALD F	POST OFFICE BOX 510775	KEY COLONY BEACH FL
MGRM	LEWIS, MORRIS	POST OFFICE BOX 510775	KEY COLONY BEACH FL

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\*\*\*\*588.75 \*\*\*\*588.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

*M. Lewis*

9/15/97