

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002435

1. Entity Name

LEVITT NOVAKOFF & COMPANY L.L.C.

FILED

01 MAR -8 PM 4: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6371 VIA VENETIA NORTH
DELRAY BEACH FL 33348-4

Mailing Address

2901 CLINT MOORE RD PMB#221
BOCA RATON FL 33496



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0874149

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVITT, ROBERT

2600 N MILITARY TRAIL

STE 290

BOCA RATON FL 33431

Name

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

2101 NW Corporate Blvd #420

City

Boca Raton

FL

Zip Code

33431

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME LEVITT, ROBERT
STREET ADDRESS 2600 N MILITARY TRAIL, STE. 290
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE MEMBER
NAME LEVITT, ROBERT
STREET ADDRESS 2101 NW CORPORATE BLVD #420
CITY-ST-ZIP BOCA RATON, FL 33431 ☒ Change ☐ Addition

TITLE MGRM
NAME NOVAKOFF, JAMES
STREET ADDRESS 2600 N MILITARY TRAIL STE 290
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE MGRM
NAME NOVAKOFF, JAMES
STREET ADDRESS 6371 VIA VENETIA N
CITY-ST-ZIP DELRAY BEACH, FL 33484 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JAMES NOVAKOFF

1/22/00

Date

561-241-0026

Daytime Phone #

CR2E083 (11/00)