

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008385

1. Entity Name
LEVYNET, L.L.C.

Principal Place of Business
1131 EAGLE BLUFF LANE
JACKSONVILLE FL 32260-0435

Mailing Address
P.O. BOX 600435
JACKSONVILLE FL 32260-0435

2. Principal Place of Business

9838 Old Baymeadows Rd
Suite, Apt. #, etc.
307

3. Mailing Address

9838 Old Baymeadows Rd
Suite, Apt. #, etc.
307

City & State
Jacksonville, FL

Zip Country
32256 US

City & State
Jacksonville, FL

Zip Country
32256 US

4. FEI Number 59-3614131

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, LAWRENCE E
1131 EAGLE BLUFF LANE
JACKSONVILLE FL 32260-0435

7. Name and Address of New Registered Agent

Name: Levy, Lawrence E.
Street Address (P.O. Box Number is Not Acceptable)
8146 Bahia Blanca ST
City Jacksonville, FL Zip Code 32256

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: Lawrence E Levy DATE: 4/1/01
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVY, LAWRENCE E 1131 EAGLE BLUFF LANE JACKSONVILLE FL 32259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	8146 Bahia Blanca ST. Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004036578 -04/20/01--01113--017 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Lawrence E Levy DATE: 4/1/01 704-996-7322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

01 APR 12 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)