2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000008385

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



FILED Mar 03, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

8081 PHILIPS HIGHWAY

8081 PHILIPS HIGHWAY SUITE 17

SUITE 17

JACKSONVILLE, FL 32256 US

JACKSONVILLE, FL 32256



DO NOT WRITE IN THIS SPACE

01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3614131

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

Name and Address of Current Registered Agent
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LEVY, LAWRENCE E 113 TANGLEWOOD TRACE JACKSONVILLE, FL 32259

DO NOT WRITE IN THIS SPACE

		IN THIS SPACE	
	named entity submits this statement for the purpose of changing it- ions of registered agent.	s registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
2-27-08			
3 di vi one	Signature, typed or printed name of registered agent and sittle if applicable. (NO	TE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	LEVY, LAWRENCE E		
STREET ADDRESS CITY-ST-ZIP	113 TANGLEWOOD TRACE		
	JACKSONVILLE, FL 32259	U00000040000	
TITLE		U00000846832 03/18/08-80045-010 138.75	
NAME		03/18/08-80045-010 150.15	
STREET ADDRESS CITY+ST-ZIP			
		·	
TITLE			
NAME Street Address			
CITY-ST-ZIP	•	I DO NOT WRITE	
TITLE Name	·	I IN THIS SPACE	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS	•		
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE;

CITY-ST-ZIP

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

2-27-08

Daytime Phone #