

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000071784

**Entity Name:** LEVY BRONSON PARTNERS, LLC

**Current Principal Place of Business:**

4901 WASHINGTON AVE.  
C/O HON. ALBAN I. NILES  
ORLANDO, FL 32819-3258

**FILED**  
**Jun 09, 2014**  
**Secretary of State**  
**CC5714875703**

**Current Mailing Address:**

4901 WASHINGTON AVE.  
C/O HON. ALBAN I. NILES  
ORLANDO, FL 32819-3258

**FEI Number: 72-1611966**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NILES, ALBAN IHON.  
4901 WASHINGTON AVE.  
ORLANDO, FL 32819-3258 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NILES, HON. ALBAN I  
Address 4901 WASHINGTON AVE.  
City-State-Zip: ORLANDO FL 32819-3258

Title MGR  
Name WILLIAMS, MADELYN  
Address 4901 WASHINGTON AVE.  
City-State-Zip: ORLANDO FL 32819-3258

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: HON. ALBAN I. NILES**

**MANAGER**

**06/09/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date