

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000120811

**Entity Name:** LEVY FAMILY GROUP, LLC

**Current Principal Place of Business:**

1884 NORTH UNIVERSITY DR  
SUNRISE , FL 33322

**Current Mailing Address:**

1884 NORTH UNIVERSITY DR  
SUNRISE , FL 33322 US

**FEI Number:** 68-0679952

**Certificate of Status Desired:** No

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

FEINBERG, JEFFREY  
4000 HOLLYWOOD BOULEVARD, SUITE 350-N  
HOLLYWOOD, FL 33021 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 MGRM  
Name LEVY, AVITAL  
Address 2085 NORTH UNIVERSITY DR  
City-State-Zip: SUNRISE FL 33322

Title MGRM  
Name LEVY, ITAMAR  
Address 2085 NORTH UNIVERSITY DR  
City-State-Zip: SUNRISE FL 33322

*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:** ITAMAR LEVY

MGRM

01/24/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date