

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000142813

**Entity Name:** JOHN W. LEVINS INVESTIGATIONS, LLC

**Current Principal Place of Business:**

10964 REGIMENT LOOP SW  
TALLAHASSEE, FL 32305

**Current Mailing Address:**

PO BOX 228  
WOODVILLE, FL 32362

**FEI Number:** 20-8529503

**Certificate of Status Desired:** No

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

LEVINS, JOHN  
10964 REGIMENT LOOP SW  
TALLAHASSEE, FL 32305 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            LEVINS            , JOHN  
Address        10964 REGIMENT LOOP SW  
City-State-Zip: TALLAHASSEE FL 32305

*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:** JOHN LEVINS

MGRM

01/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date