

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000222784

**Entity Name:** LEVEL II WEST LLC

**Current Principal Place of Business:**

7901 4TH ST.  
SUITE 14847  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

7901 4TH ST.  
SUITE 14847  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 92-3889056

**Certificate of Status Desired:** No

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

CHABO CPA LLC  
5860 NW 7TH STREEET  
MIAMI, FL 33126 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	Title	MGR
Name	NICHOLLS, ANTONIO	Name	NICHOLLS, MARTIN
Address	PO BOX 10975	Address	PO BOX 10975
City-State-Zip:	MIAMI FL 33101	City-State-Zip:	MIAMI FL 33101

*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:** NICHOLLS , ANTONIO

**MANAGER**

**04/02/2024**

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

\_\_\_\_\_  
Date