

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000003677

**FILED  
Jul 28, 2020  
Secretary of State  
4195499652CC**

**Entity Name:** LEVEL INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

200 SE 1ST STREET  
SUITE 703  
MIAMI, FL 33131

**Current Mailing Address:**

200 SE 1ST STREET  
SUITE 703  
MIAMI, FL 33131 US

**FEI Number:** 61-1790932

**Certificate of Status Desired:** No

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

PETER G. GRUBER, P.A.  
7875 S.W. 104TH STREET  
SUITE 100  
MIAMI, FL 33156 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 LETO, JUSTIN C  
Address 200 SE 1ST STREET  
SUITE 703  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name BASSUK, LAWRENCE S  
Address 200 SE 1ST STREET  
SUITE 703  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name HANLEY, PATRICK  
Address 200 SE 1ST STREET  
SUITE 703  
City-State-Zip: MIAMI FL 33131

*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:** JUSTIN LETO

**MANAGER**

**07/28/2020**

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

\_\_\_\_\_  
Date