

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P30893

**FILED**  
**Feb 01, 2016**  
**Secretary of State**  
**CC4187942328**

**Entity Name:** LEVINE & POOR, INC.

**Current Principal Place of Business:**

4967 WILLIAM ARNOLD  
MEMPHIS, TN 38117

**Current Mailing Address:**

4967 WILLIAM ARNOLD  
MEMPHIS, TN 38117 US

**FEI Number:** 62-0990007

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

Title            VPS  
Name            LEVINE, SIDNEY B  
Address        4967 WILLIAM ARNOLD RD  
City-State-Zip: MEMPHIS TN 38117

Title            T  
Name            LEVINE, JOYCE C  
Address        4967 WILLIAM ARNOLD RD  
City-State-Zip: MEMPHIS TN 38117

Title            P  
Name            POOR, MICHAEL A  
Address        4967 WILLIAM ARNOLD RD  
City-State-Zip: MEMPHIS TN 38117

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL A. POOR

**PRESIDENT**

**02/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date