



15262511



STATE OF MONTANA
SECRETARY OF STATE
2022 ANNUAL REPORT

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STATE OF MONTANA
-FILED-
SECRETARY OF STATE
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FILING FEE: \$20.00 prior to April 15
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Business Type		Domestic Limited Liability Company													
Business Type		Domestic Limited Liability Company													
Business Sub-Type		Limited Liability Company													
Business Name															
Annual Report Year		2022													
Name of Business Entity		LEVANDOWSKI CONCESSIONS, LLC													
Montana File Number		C130750													
Country of Organization		United States													
State of Organization		Montana													
Business Purpose		NONE STATED													
Business Mailing Address of Principal Office															
Address		605 FOX DRIVE GREAT FALLS, MT 59404													
Business Physical Address of Principal Office															
Address		None													
The registered agent on record is:															
Registered Agent		DANIEL L LEVANDOWSKI Non-Commercial Registered Agent													
		Agent Number RA00088708													
		Email Address													
		Website													
		Physical Address 605 FOX DRIVE GREAT FALLS, MT 59404													
		Mailing Address 605 FOX DRIVE GREAT FALLS, MT 59404													
LLC Management															
LLC Managed By		Members													
Members															
<table border="1"> <thead> <tr> <th>Name Of Individual Or Business Entity</th> <th>Business Mailing Address</th> <th>Email Address</th> <th>Active Registered Entity</th> </tr> </thead> <tbody> <tr> <td>HEATHER LEVANDOWSKI</td> <td>605 FOX DRIVE GREAT FALLS, MT 59404</td> <td></td> <td></td> </tr> <tr> <td>DANIEL L LEVANDOWSKI</td> <td>605 FOX DRIVE GREAT FALLS, MT 59404</td> <td></td> <td></td> </tr> </tbody> </table>				Name Of Individual Or Business Entity	Business Mailing Address	Email Address	Active Registered Entity	HEATHER LEVANDOWSKI	605 FOX DRIVE GREAT FALLS, MT 59404			DANIEL L LEVANDOWSKI	605 FOX DRIVE GREAT FALLS, MT 59404		
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DANIEL L LEVANDOWSKI	605 FOX DRIVE GREAT FALLS, MT 59404														
Declarations															
<input checked="" type="checkbox"/> I confirm I have reviewed the information set forth in this Annual Report and that all information is correct and factual.															
<input checked="" type="checkbox"/> I have been authorized by the business entity to file this document online.															

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I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.

Signature

Self

dan levandowski

04/15/2022

Signer's Capacity

Sign Here

Date

Position

Manager/Member

Daytime Contact

Phone Number

(406) 454-8982

Email

levandowski@bresnan.net

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