

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000108592

**FILED**  
**May 03, 2011**  
**Secretary of State**

**Entity Name:** WILSON ELITE SERVICES, LLC.

**Current Principal Place of Business:**

1021 SE MONTEREY RD  
A-17  
STUART, FL 34994

**New Principal Place of Business:**

1634 SW TYHELMA ST  
PALM CITY, FL 34990

**Current Mailing Address:**

PO BOX 3143  
STUART, FL 34995

**New Mailing Address:**

**FEI Number:** 27-1342667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, VIOLA  
1021 SE MONTEREY RD  
A-17  
STUART, FL 34994 US

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

WILSON, VIOLA  
1634 SW THELMA ST  
PALM CITY, FL 34990 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: VIOLA WILSON

05/03/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILSON, VIOLA  
Address: 1634 SW THELMA ST  
City-St-Zip: PALM CITY, FL 34990

Title: MGRM  
Name: ADMORE, CHANELL  
Address: 432 SE FINI DR  
City-St-Zip: STUART, FL 34996

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: VIOLA WILSON

MGRM

05/03/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date