

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000065674**

1. Entity Name  
**ELICAR, LLC**



Principal Place of Business  
**1925 BRICKELL AVE UNIT D-506  
MIAMI, FL 33129**

Mailing Address  
**1925 BRICKELL AVE UNIT D-506  
MIAMI, FL 33129**



01112006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1588987**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROYE, FREDDY A  
1925 BRICKELL AVE UNIT D-506  
MIAMI, FL 33129**

**DO NOT WRITE  
IN THIS SPACE**

3. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SAYEGH, ELIAS ANTONIO
STREET ADDRESS	1925 BRICKELL AVE UNIT D-506
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	MGR
NAME	SAYEGH, NELSON ELIAS
STREET ADDRESS	1925 BRICKELL AVE UNIT D-506
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	MGR
NAME	SAYEGH, RICARDO ELIAS
STREET ADDRESS	1925 BRICKELL AVE UNIT D-506
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	MGR
NAME	SAYEGH, NELSON
STREET ADDRESS	1925 BRICKELL AVE UNIT D-506
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/06-80008-024 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #