

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009654

Entity Name: ELORE ENTERPRISES, LLC**Current Principal Place of Business:**1055 N.W. 159 PLACE
MIAMI GARDENS, FL 33169**Current Mailing Address:**1055 N.W. 159 PLACE
MIAMI GARDENS, FL 33169**FEI Number:** 33-1187070**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PINEL, PHILIPPE P
1055 NW 159 DR
MIAMI GARDENS, FL 33169 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	MGRM
Name	ELORE HOLDINGS, INC.
Address	1055 NW 159 DRIVE
City-State-Zip:	MIAMI GARDENS FL 33169

Title	P
Name	PINEL, PHILIPPE
Address	1055 NW 159 DRIVE
City-State-Zip:	MIAMI GARDENS FL 33169

Title	VS
Name	ELEJABARRIETA, JESUS
Address	1055 NW 159 DRIVE
City-State-Zip:	MIAMI GARDENS FL 33169

Title	V
Name	ELEJABARRIETA, JUAN A
Address	1055 NW 159 DRIVE
City-State-Zip:	MIAMI GRADENS FL 33169

Title	T
Name	OREGUI, JUAN
Address	1055 NW 159 DRIVE
City-State-Zip:	MIAMI GARDENS FL 33169

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: PHILIPPE PINEL

VP

04/22/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date