

2015 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 VS
Name ELEJABARRIETA, JESUS
Address 1055 NW 159 DRIVE
City-State-Zip: MIAMI GARDENS FL 33169

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

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

Title PRESIDENT
Name PALACIOS, FRANCISCO J
Address 1055 NW 159 DRIVE
City-State-Zip: MIAMI GRADENS FL 33169

Title CFO
Name FOJO, MAYLIN
Address 1055 N.W. 159 PLACE
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: MAYLIN FOJO**CFO****01/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date