

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000108592

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

**Current Principal Place of Business:**

1950 SE PSL BLVD.  
UNIT 102  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

P.O. BOX 7643  
PORT SAINT LUCIE, FL 34985 US

**FEI Number:** 27-1342667

**Certificate of Status Desired:** No

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

WILSON, VIOLA  
3118 SW CURCUMA STREET  
PORT SAINT LUCIE, FL 34953 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	Title	MGRM
Name	WILSON, VIOLA	Name	ADMORE, CHANELL
Address	3118 SW CURCUMA STREET	Address	432 SE FINI DR
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	STUART FL 34996

*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:** VIOLA WILSON

**OWNER**

**02/12/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date