

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000014211

**Entity Name:** ELION PARTNERS, LLC**Current Principal Place of Business:**2875 N.E. 191 ST, STE. 800  
AVENTURA, FL 33180**Current Mailing Address:**2875 N.E. 191 ST, STE. 800  
AVENTURA, FL 33180 US**FEI Number:** 46-1894435**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	MGR
Name	ARGY, SYLVAIN
Address	2875 N.E. 191 ST, STE. 800
City-State-Zip:	AVENTURA FL 33180

Title	MGR
Name	AZOUT, JACK
Address	2875 N.E. 191 ST, STE. 800
City-State-Zip:	AVENTURA FL 33180

Title	MGR
Name	DEANGULO, JUAN
Address	2875 N.E. 191 ST, STE. 800
City-State-Zip:	AVENTURA FL 33180

Title	MGR
Name	KHOUDARI, SHLOMO
Address	2875 N.E. 191 ST, STE. 800
City-State-Zip:	AVENTURA FL 33180

*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:** JUAN DEANGULO

MANAGER

04/28/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date