

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000000255

Entity Name: ELITECONDO RE LLC**Current Principal Place of Business:**250 NE 25 ST
SUITE 203
MIAMI, FL 33137**Current Mailing Address:**2385 N.W. EXECUTIVE CENTER DRIVE, STE 100
BOCA RATON, FL 33431 US**FEI Number:** 30-0806540**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUIZ, HUMBERTO E
2385 N.W. EXECUTIVE CENTER DRIVE, STE 100
BOCA RATON, FL 33431 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	MANAGER
Name	DI ARCANGELO, PIETRO
Address	9397 CARRINGTON AVE
City-State-Zip:	PARKLAND FL 33076

Title	MANAGER
Name	MODE, ORLANDO
Address	9397 CARRINGTON AVE
City-State-Zip:	PARKLAND FL 33076

Title	MANAGER
Name	NICOLINO, MODE
Address	6332 NW 104 PATH
City-State-Zip:	DORAL FL 33178

Title	AUTHORIZED MEMBER
Name	RAIRHARD, ROSAS
Address	10661 NW 14 ST APT 243
City-State-Zip:	PLANTATION FL 33322

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: ORLANDO MODE

MANAGER

06/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date