

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000134985

**Entity Name:** ELSA KAUFFMAN LLC

**Current Principal Place of Business:**

4603 SUMMERLAKE CIR  
PARRISH, FL 34219

**Current Mailing Address:**

4603 SUMMERLAKE CIR  
PARRISH, FL 34219 US

**FEI Number: 83-0775294**

**Certificate of Status Desired:** No

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

KAUFFMAN, ELSA  
4603 SUMMERLAKE CIR  
PARRISH, FL 34219 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:** ELSA M KAUFFMAN

01/18/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            KAUFFMAN, ELSA M  
Address        4603 SUMMERLAKE CIR  
City-State-Zip: PARRISH FL 34219

*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:** ELSA M KAUFFMAN

**PRESIDENT**

01/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date