

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000054664

**Entity Name:** ELITE COMPANY MANAGEMENT LLC

**FILED**  
**Mar 04, 2020**  
**Secretary of State**  
**9866928649CC**

**Current Principal Place of Business:**

C/O THE ONE LEGAL  
2525 PONCE DE LEON BLVD SUITE # 300  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 431288  
SOUTH MIAMI, FL 33243 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MEZA, EDWIN A  
2525 PONCE DE LEON BLVD  
SUITE # 300  
CORAL GABLES, FL 33134 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 MEZA, EDWIN A  
Address PO BOX 431288  
City-State-Zip: SOUTH MIAMI FL 33243

Title MGR  
Name FUENTES, JEANNE  
Address PO BOX 431288  
City-State-Zip: SOUTH MIAMI FL 33243

Title MGR  
Name SALCEDO, ELSA M  
Address PO BOX 431288  
City-State-Zip: SOUTH MIAMI FL 33243

*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 SALCEDO

**MANAGER**

**03/04/2020**

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

\_\_\_\_\_  
Date