

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000054664

**FILED**  
**May 04, 2023**  
**Secretary of State**  
**2255881996CC**

**Entity Name:** ELITE COMPANY MANAGEMENT LLC

**Current Principal Place of Business:**

345 ROMANO AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 141107  
CORAL GABLES, FL 33114-1107 US

**FEI Number:** 83-3839717

**Certificate of Status Desired:** No

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

MEZA, EDWIN A  
345 ROMANO AVENUE  
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 141107  
City-State-Zip: CORAL GABLES FL 33114-1107

Title MGR  
Name FUENTES, JEANNE  
Address PO BOX 141107  
City-State-Zip: CORAL GABLES FL 33114-1107

Title MGR  
Name SALCEDO, ELSA M  
Address PO BOX 141107  
City-State-Zip: CORAL GABLES FL 33114-1107

*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:** JEANNE FUENTES

**MANAGER**

**05/04/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date