

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000339083

Entity Name: ELITE PLUS INSURANCE LLC

Current Principal Place of Business:

11060 SW 196TH ST
APT. 206
MIAMI, FL 33157

Current Mailing Address:

11060 SW 196TH ST
APT. 206
MIAMI, FL 33157 00

FEI Number: 85-3771571

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, MARIELA
11060 SW 196TH ST
APT. 206
MIAMI, FL 33157 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 AMBR
Name TORRES, LEONILLO
Address 11970 SW 174TH ST
City-State-Zip: MIAMI FL 33157

Title AMBR
Name RODRIGUEZ, MARIELA
Address 11060 SW 196TH ST
APT. 206
City-State-Zip: MIAMI FL 33157

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: LEONILLO TORRES

AMBR

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date