

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000459221

**Entity Name:** ELA'S PROFESSIONAL SERVICES, LLC

**Current Principal Place of Business:**

28524 SW 147PL  
HOMESTEAD, FL 33033

**Current Mailing Address:**

28524 SW 147PL  
HOMESTEAD, FL 33033 US

**FEI Number:** 87-3205867

**Certificate of Status Desired:** No

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

EUCEDA, ELAINETTE R  
28524 SW 147PL  
HOMESTEAD, FL 33033 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           EUCEDA, ELAINETTE R  
Address        28524 SW 147PL  
City-State-Zip: HOMESTEAD FL 33033

*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:** ELAINETTE EUCEDA

**MANAGER**

**04/12/2024**

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

\_\_\_\_\_  
Date