

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000010067

Entity Name: ELALUZ LLC**Current Principal Place of Business:**3800 NE 1ST AVE
SUITE 600
MIAMI, FL 33137**Current Mailing Address:**3800 NE 1ST AVE
SUITE 600
MIAMI, FL 33137 US**FEI Number:** 83-3634467**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 KADEY, MOSS
Address 3800 NE 1ST AVE
SUITE 600
City-State-Zip: MIAMI FL 33137

Title MANAGER
Name COELHO, ICARO
Address 3800 NE 1ST AVE
SUITE 600
City-State-Zip: MIAMI FL 33137

Title MANAGER
Name COELHO, CAMILA
Address 3800 NE 1ST AVE
SUITE 600
City-State-Zip: MIAMI FL 33137

Title MANAGER
Name BERNARDINI, NANCY
Address 3800 NE 1ST AVE
SUITE 600
City-State-Zip: MIAMI FL 33137

Title MANAGER
Name FINGER, TEVYA
Address 3800 NE 1ST AVE
SUITE 600
City-State-Zip: MIAMI FL 33137

Title MEMBER
Name SUPER VAIDOSA MEDIA, INC.
Address 3800 NE 1ST AVE
SUITE 600
City-State-Zip: MIAMI FL 33137

Title MEMBER
Name LUXURY BRAND PARTNERS, LLC
Address 3800 NE 1ST AVE
SUITE 600
City-State-Zip: MIAMI FL 33137

Title CFO
Name HECHT, DAVID
Address 3800 NE 1ST AVE
SUITE 600
City-State-Zip: MIAMI FL 33137

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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: DAVID GUNDELL**LEGAL DIRECTOR****04/25/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	PRESIDENT	Title	SECRETARY
Name	MAUL, ELIZABETH	Name	CAPASSO, MALLORY
Address	3800 NE 1ST AVE SUITE 600	Address	3800 NE 1ST AVE SUITE 600
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137