

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90598 027 ****50.00

DOCUMENT # L00000006264
1. Entity Name
Elite Home Mgmt Services LLC

508574

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5260 W 1110 Bronson Hwy
Suite, Apt. #, etc.
#115

3. Mailing Address
5260 W 1110 Bronson Hwy
Suite, Apt. #, etc.
#115

DO NOT WRITE IN THIS SPACE

City & State
KISS FL

City & State
KISS FL

4. FEI Number
593648561

Applied For
Not Applicable

Zip
34746

Country
US

Zip
34746

Country
US

5. Certificate of Status Desired **\$5.00** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Middleton Dand
Street Address (P.O. Box Number is Not Acceptable)
5260 W 1110 Bronson Hwy #115
City KISS FL Zip Code 34746

8. 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 [Signature]
Signature, typed or printed name of registered agent and title if applicable.

4/30/02
DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>Mgr</u> <u>Middleton Dand</u> <u>5260 W 1110 Bronson Hwy #115</u> <u>KISS FL 34746</u> |
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: [Signature] 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #