

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028358

FILED
Feb 09, 2007
Secretary of State

Entity Name: ELITE SERVICES GROUP INTERNATIONAL, LLC.

Current Principal Place of Business:

9009 BALMORAL MEWS SQ
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

9009 BALMORAL MEWS SQ
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 20-0153503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHVARTSMAN, MICHAEL
9009 BALMORAL MEWS SQ
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHVARTSMAN, MICHAEL
Address: 9009 BALMORAL MEWS SQ
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: SHVARTSMAN, IRADA
Address: 9009 BALMORAL MEWS SQ
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: SHVARTSMAN, DAVID
Address: 9009 BALMORAL MEWS SQ
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SHVARTSMAN, DAVID
Address: 9009 BALMORAL MEWS SQ
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHAEL SHVARTSMAN

MGRM

02/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date