2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000032354** 

1. Enlity Name ELLIOT SLAVIS, LLC



FILED Jan 18, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

13186 TOUCHSTONE PL PALM BEACH GARDENS, FL 33418 13186 TOUCHSTONE PL PALM BEACH GARDENS, FL 33418



01162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1116249 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH, FL 33401

## DO NOT WRITE IN THIS SPACE

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.	I am familiar with, and acc	cept
	the obligations of registered agent.		

SIGNATURE

Signature, bused or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000788736 01/18/08-80054-010 138.75

 MANAGING MEMBERS/MANAGERS TITLE NAME SLAVIS, ELLIOTT STREET ADDRESS 13186 TOUCHSTONE PL CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 NAME STREET ADDRESS CITY-ST-7tP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

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1/16/08

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