

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

APPROVED
AND
FILED

50.00

06 JUN-27 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000051403

1. Entity Name
ELYONS HEIGHTS L.L.C.



Principal Place of Business
10415 SW 187 TERRACE
MIAMI, FL 33157

Mailing Address
10415 SW 187 TERRACE
MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE



06222006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYONS, SUSAN
10415 SW 187 TERRACE
MIAMI, FL 33157

**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 accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LYONS, SUSAN
10415 SW 187 TERRACE
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCHNEIDER, RITA
10421 SW 187 TERRACE
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000077160610
07/07/06--01053--013 **200.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Rita Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Rita Schneider/MGR

4-10-06/6-22-06

Date

Daytime Phone #

305-233-7566