

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000018372

1. Entity Name
ELITE HOLDINGS GROUP X LLC



Principal Place of Business
152 NE 167TH STREET STE. 300
NORTH MIAMI BEACH, FL 33162

Mailing Address
152 NE 167TH STREET STE. 300
NORTH MIAMI BEACH, FL 33162

FILED
Jan 24, 2008 08:00 A
Secretary of State



01092008No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
20-2418203

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIVIL TRIAL PRACTICE, P.A.
152 NE 167TH STREET STE. 300
NORTH MIAMI BEACH, FL 33162

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
AELION, DAVID
152 NE 167TH STREET STE. 300
NORTH MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000784651
01/28/08-80016-012 138.75

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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: _____

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

David Aelion

01/24/08

Date

305-944-4424

Daytime Phone #