

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000023598

1. Entity Name
ELAPID CAPITAL LLC



Principal Place of Business
**16131 PINE RIDGE RD
UNIT 1
FT. MYERS, FL 33908**

Mailing Address
**16131 PINE RIDGE RD
UNIT 1
FT. MYERS, FL 33908**



01302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2472992

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MONTORI, MANUEL
16131 PINE RIDGE RD
UNIT 1
FORT MYERS, FL 33908**

**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 _____

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

U000000834948
02/23/08-80013-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MONTORI, MANUEL
16131 PINE RIDGE RD, UNIT 1
FORT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MONTORI, MILAGROS P
16131 PINE RIDGE RD, UNIT 1
FORT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
EASTERDAY, JON A
16131 PINE RIDGE RD, UNIT 1
FORT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: *Manuel Montori, Pres*

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

Date *2/19/08*

Daytime Phone # _____