

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 17, 2007 8:00 am**  
**Secretary of State**

08-17-2007 90097 002 \*\*\*\*50.00

<b>DOCUMENT #</b> L05000032077	
<b>1. Entity Name</b>	
ELITE SALES AND CONSULTING, LLC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 19648 NE 79TH COURT RD		<b>3. Mailing Address</b> P.O. BOX 2021	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CITRA, FL		City & State LADY LAKE, FL	
Zip 32113	Country	Zip	Country

<b>4. FEI Number</b> 84-1674353	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> BETH ANN SMITH	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 19648 NE 79TH COURT RD	
<b>City</b> CIRTA	<b>FL</b> <b>Zip Code</b> 32113

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11.**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MANAGING MEMBER ELITE LAND & HOME INC 10480 SE 101 AVE BELLEVIEW FL 34420	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MANAGING MEMBER PREMIUM PROTERTY SERVICES INC PO BOX 1048 CITRA, FL 32113	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Rebecca Kover Pres.*

8.9.07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ATTACHMENT**  
**Dyess, Jones & Associates LLC** CPAs  
A CERTIFIED PUBLIC ACCOUNTING FIRM

60054891  
#L05000032077

August 10, 2007

Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

re: 2007 UBR for ELITE SALES AND CONSULTING LLC, EIN 84-1674353

To Whom It May Concern:

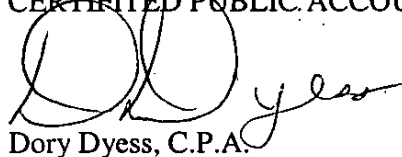
Enclosed is the 2007 UBR report for our client listed above. Our client was unaware they were late filed until they received notice of dissolution. Our client states they never received the original notice mailed in January.

Our client would have paid the fee when due if given sufficient notice. Due to the fact they never received the notice you sent in January, it would be appreciated if you would waive the penalty and accept the \$50 payment included with this report as payment in full.

If you should have any questions regarding this matter, please contact this office at the address above.

Sincerely,

DYESS, JONES & ASSOCIATES, LLC  
CERTIFIED PUBLIC ACCOUNTING FIRM

  
Dory Dyess, C.P.A.