

# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000032077

**FILED**  
**Oct 01, 2009**  
**Secretary of State**

**Entity Name:** ELITE SALES AND CONSULTING, LLC

**Current Principal Place of Business:**

19648 NE 79TH COURT RD.  
CITRA, FL 32113

**New Principal Place of Business:**

**Current Mailing Address:**

19648 NE 79TH COURT RD.  
CITRA, FL 32113

**New Mailing Address:**

**FEI Number:** 84-1674353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BETH ANN SMITH  
19648 NE 79TH COURT RD.  
CITRA, FL 32113 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ELITE LAND & HOME, INC.  
Address: 10480 SE 101 AVE  
City-St-Zip: BELLEVIEW, FL 34420

Title: MGRM ( ) Delete  
Name: PREMIUM PROPERTY SERVICES, INC.  
Address: PO BOX 1048  
City-St-Zip: CITRA, FL 32113

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REBECCA KAY KORVER PLLC  
Address: PO BOX 2021  
City-St-Zip: LADY LAKE, FL 32158

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** REBECCA KAY KORVER

MGRM

10/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date