

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000075489	
1. Entity Name ELIJAH ELISHA HOLDINGS, LLC	
Principal Place of Business 5541 N UNIVERSITY DR SUITE 102 CORAL SPRINGS, FL 33067	Mailing Address 5541 N UNIVERSITY DR SUITE 102 CORAL SPRINGS, FL 33067



04012008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3250184	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTIE, GLENFORD
5175 NW 57TH DRIVE
CORAL SPRINGS, FL 33067

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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

U000000948603
06/02/08-80061-011 288.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CHRISTIE, GLENFORD
STREET ADDRESS	5175 NW 57TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	MGR
NAME	CHRISTIE, NADIA
STREET ADDRESS	5175 NW 57TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

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

Date

Daytime Phone #