

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90147 022 ***138.75

DOCUMENT # L05000078808

1. Entity Name
ELITE LLC



Principal Place of Business
**162 LOBLOLLY BAY DR.
SANTA ROSA BEACH, FL 32459 US**

Mailing Address
**P O BOX 6995
MIRAMAR BEACH, FL 32459 US**

60015779



2. Principal Place of Business - No P.O. Box #
246 Loblolly Bay Dr.

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02262008 Chg-LLC CR2E083 (12/06)

City & State
Santa Rosa Beach, FL

Zip
32459

Country
US

City & State
Zip
Country

4. FEI Number
20-3280324

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AZAN, JOSEPH L MR
162 LOBLOLLY BAY DR.
SANTA ROSA BEACH, FL 32459**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
246 Loblolly Bay Dr.

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
AZAN, JOSEPH L MR
264 LOBLOLLY BAY DR
SANTA ROSA BEACH, FL 32459**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
AZAN, SALEEM J MR
264 LOBLOLLY BAY DR
SANTA ROSA BEACH, FL 32459**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

246 Loblolly Bay Dr.

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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: **JOSEPH L. AZAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

March 17th 2008
Date Daytime Phone #