

**DOCUMENT # L06000009760**

1. Entity Name

ELITE REAL ESTATE GROUP, LLC



**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**



Principal Place of Business

C/O ATRIUM REGISTERED AGENTS, INC.  
 2751 EXECUTIVE PARK DRIVE, SUITE 201  
 WESTON FL 33331

Mailing Address

C/O ATRIUM REGISTERED AGENTS, INC.  
 2751 EXECUTIVE PARK DRIVE, SUITE 201  
 WESTON FL 33331

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE

CR2E083 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

20-422259

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATRIUM REGISTERED AGENTS, INC.  
 1500 SAN REMO AVE., SUITE 125  
 CORAL GABLES FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR  
 NAME: DE LA TOUR, EDUARDO  
 STREET ADDRESS: 1500 SAN REMO AVE., SUITE 125  
 CITY-STATE-ZIP: CORAL GABLES FL 33146 ☐ Delete

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: MGR  
 NAME: HARRIS, ELIZABETH  
 STREET ADDRESS: 1500 SAN REMO AVE., SUITE 125  
 CITY-STATE-ZIP: CORAL GABLES FL 33146 ☐ Delete

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-STATE-ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/31/07 9543490229  
 Date Daytime Phone #