

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012452

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: ELS LLC

**Current Principal Place of Business:**

2935 VINELAND RD.  
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

**Current Mailing Address:**

2935 VINELAND RD.  
KISSIMMEE, FL 34746 US

**New Mailing Address:**

FEI Number: 20-4250656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ELLIOTT, MICHAEL T  
2935 VINELAND RD.  
KISSIMMEE, FL 34746 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: ELLIOTT, MICHAEL T  
Address: 2935 VINELAND RD.  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: MGRM ( ) Delete  
Name: LEIBOLD, WALTER F  
Address: 4200 CHAIN FERN CT.  
City-St-Zip: SAINT CLOUD, FL 34772 US

Title: MGRM ( ) Delete  
Name: SARLO, ANITA L  
Address: 2935 VINELAND RD.  
City-St-Zip: KISSIMMEE, FL 34746 US

**ADDITIONS/CHANGES:**

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

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

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: MICHAEL T. ELLIOTT

MGRM

03/09/2009

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