

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036602

FILED  
May 06, 2008  
Secretary of State

Entity Name: ELITE SERVICE "LLC"

**Current Principal Place of Business:**

4908 NW 29TH STREET  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

4908 NW 29TH STREET  
GAINESVILLE, FL 32605

**New Mailing Address:**

FEI Number: 20-4651236      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LARCHE, ELDA  
4240 CARDINAL LANE  
KISSIMMEE, FL 34744      US

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: DICKINSON, MELISSA A  
Address: 4908 NW 29TH STREET  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM      ( ) Delete  
Name: DICKINSON, DOROTHY J  
Address: 1232 RUTHBERN ROAD  
City-St-Zip: DAYTONA BEACH, FL 32114

**ADDITIONS/CHANGES:**

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: MELISSA A DICKINSON

MGRM

05/06/2008

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