

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 14, 2008 8:00 am**  
**Secretary of State**

08-14-2008 90036 036 \*\*\*138.75

**DOCUMENT # L07000070369**

1. Entity Name  
**ELITE EVENTS & RENTALS, LLC**



Principal Place of Business  
**1284 WICKFORD ST.  
SAFETY HARBOR, FL 34695**

Mailing Address  
**P.O.B. 963  
SAFETY HARBOR, FL 34695**

**00009460**



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

3. Mailing Address

06142008 Chg-LLC CR2E083 (12/06)

4. FEI Number

**26-0477256**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AHLGREN, BRANDON A  
1284 WICKFORD ST.  
SAFETY HARBOR, FL 34695**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
**MGRM  
AHLGREN, BRANDON A  
1284 WICKFORD ST.  
SAFETY HARBOR, FL 34695** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
**MGRM  
AHLGREN, DEBORAH A  
1284 WICKFORD ST.  
SAFETY HARBOR, FL 34695** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ 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

*Brandon Ahlgren*

**8/6/08**