FILED
Apr 21, 2008 8:00 am
Secretary of State
03-27-2008 90086 006 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000093384

1. Entity Name
ELITE MOVING & TRANSPORT LLC

30004466

Principal Place of Business	Mailing Address
11400 NAUTICA COURT WELLINGTON, FL 33449	11400 NAUTICA COURT WELLINGTON, FL 33449

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
262 KENSINGTON WAY	262 KENSINGTON WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH	City & State: WEST PALM BEACH
Zip: 33414 Country: US	Zip: 33414 Country: US

01132008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 260896135 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BERMAN, BRIAN
11400 NAUTICA COURT
WELLINGTON, FL 33449

7. Name and Address of New Registered Agent
Name: ILONA LUPOWITZ
Street Address (P.O. Box Number is Not Acceptable): 262 KENSINGTON WAY
City: WEST PALM BEACH FL Zip Code: 33414

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BERMAN, BRIAN 11400 NAUTICA COURT WELLINGTON, FL 33449	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LUPOWITZ, ILONA 262 KENSINGTON WAY WEST PALM BEACH, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Ilona 3-24-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #