

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019370

FILED
Feb 21, 2011
Secretary of State

Entity Name: ELITE HOME ASSISTANTS, LLC

Current Principal Place of Business:

1360 W. BARWICK RANCH CIRCLE
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

1360 W. BARWICK RANCH CIRCLE
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 32-0235024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CILETTI, CHRISTINE
22669 ROYAL CROWN TERRACE EAST
BOCA RATON, FL 33433 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: MGR
Name: CASTAGNA, DEBRA
Address: 1360 W. BARWICK RANCH CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR.
Name: CASTAGNA, DEBRA C
Address: 1360 W. BARWICK RANCH CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR.
Name: CASTAGNA, DEBRA C
Address: 1360 W. BARWICK RANCH CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR.
Name: CASTAGNA, DEBRA C
Address: 1360 W. BARWICK RANCH CIRCLE
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Name: CASTAGNA, DEBRA C
Address: 1360 W. BARWICK RANCH CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR.
Name: CASTAGNA, DEBRA C
Address: 1360 W. BARWICK RANCH CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

I hereby 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: DEBBIE CASTAGNA

MGR

02/21/2011

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