

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108498

FILED  
Jun 26, 2009  
Secretary of State

**Entity Name:** ELITE PROPERTY MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

927 CYPRESS COVE WAY  
TARPON SPRINGS, FL 34688 US

**New Principal Place of Business:**

**Current Mailing Address:**

927 CYPRESS COVE WAY  
TARPON SPRINGS, FL 34688 US

**New Mailing Address:**

FEI Number: 26-3906748      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:**

FASULO, WENDY A  
927 CYPRESS COVE WAY  
TARPON SPRINGS, FL 34688 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: P ( ) Delete  
Name: FASULO, WENDY A  
Address: 927 CYPRESS COVE WAY  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: SEC ( ) Delete  
Name: YIENGST, ROSEMARY  
Address: 1519 RIVERDALE DRIVE  
City-St-Zip: OLDSMAR, FL 34698

**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: WENDY FASULO

P

06/26/2009

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