

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000108592

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** WILSON ELITE SERVICES, LLC.

**Current Principal Place of Business:**

1634 SW TYHELMA ST  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3143  
STUART, FL 34995

**New Mailing Address:**

**FEI Number:** 27-1342667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, VIOLA  
1634 SW THELMA ST  
PALM CITY, FL 34990 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:** MGRM  
**Name:** WILSON, VIOLA  
**Address:** 1634 SW THELMA ST  
**City-St-Zip:** PALM CITY, FL 34990

**Title:** MGRM  
**Name:** ADMORE, CHANELL  
**Address:** 432 SE FINI DR  
**City-St-Zip:** STUART, FL 34996

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:** VIOLA WILSON

MGRM

04/30/2012

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