

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000359

Entity Name: ELA AHARON LLC

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2875 NE 191 STREET  
601  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2875 NE 191 STREET  
601  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 27-4415152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHLOMI, ORR  
2875 NE 191 STREET  
601  
AVENTURA, FL 33180 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: SHLOMI, ORR  
Address: 2875 NE 191 STREET SUITE 601  
City-St-Zip: AVENTURA, FL 33180

Title: MGR  
Name: AHARON, URI  
Address: 2875 NE 191 STREET SUITE 601  
City-St-Zip: AVENTURA, FL 33180

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: URI AHARON

MGR

03/21/2012

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