

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000086238

**FILED**  
**Sep 07, 2012**  
**Secretary of State**

**Entity Name:** ELYSEE CATERING, LLC

**Current Principal Place of Business:**

429 LENOX AVENUE  
SUITE 4W14  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

1545 EUCLID AVENUE  
APARTMENT 3B  
MIAMI BEACH, FL 33139 US

**Current Mailing Address:**

429 LENOX AVENUE  
SUITE 4W14  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

1545 EUCLID AVENUE  
APARTMENT 3B  
MIAMI BEACH, FL 33139 US

**FEI Number:** 45-3174161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCIMECA, LAURENT  
1360 COLLINS AVENUE  
SUITE 106  
MIAMI BEACH, FL 33139 US

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

ALLAN KOLTUN CPA PA  
1717 N BAYSHORE DRIVE  
SUITE 116  
MIAMI, FL 33132 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: ALLAN KOLTUN

09/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCIMECA, LAURENT  
Address: 1360 COLLINS AVENUE, SUITE 106  
City-St-Zip: MIAMI BEACH, FL 33139 US

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: LAURENT SCIMECA

MGRM

09/07/2012

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