

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90082 014 ****55.00

DOCUMENT # L99000003082

1. Entity Name
ELENSTIL, L.L.C.



Principal Place of Business

Mailing Address

**951 W. SAND LAKE ROAD
ORLANDO FL 32809**

**951 W. SAND LAKE ROAD
ORLANDO FL 32809**

20018334



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3582617**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARARY, RICHARD
951 W. SAND LAKE ROAD
ORLANDO FL 32809**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **HARARY, RICHARD**
STREET ADDRESS **8345 FOXWORTH CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **RICHARD HARARY**
STREET ADDRESS **8504 PADUA COURT**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **MGRM** ☒ Delete
NAME **HARARY, SAMY SELIM**
STREET ADDRESS **RUA BARONEZA DE ITU #605 APT #91**
CITY-ST-ZIP **SAO PAULO, SAO PAULO BRAZIL FL 01231-001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☒ Delete
NAME **HARARY, VITOR ROBERTO**
STREET ADDRESS **RUA BARONEZA DE ITU #605 APT #91**
CITY-ST-ZIP **SAO PAULO, SAO PAULO BRAZIL FL 01231-001**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE REQUIRED
RICHARD HARARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/28/03 4078589991

CR2E083 (10/02)