

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026529

Entity Name: S/ELA LP, INC.**Current Principal Place of Business:**201 EAST LAS OLAS BOULEVARD
STE 1200
FORT LAUDERDALE, FL 33301**Current Mailing Address:**201 EAST LAS OLAS BOULEVARD
STE 1200
FORT LAUDERDALE, FL 33301 US**FEI Number:** 65-0910024**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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**Officer/Director Detail :**

Title	DP
Name	STILES, KENNETH L
Address	201 EAST LAS OLAS BOULEVARD STE 1200
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	VT
Name	EAGON, DOUGLAS P
Address	201 EAST LAS OLAS BOULEVARD STE 1200
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	VS
Name	ESPOSITO, ROBERT
Address	201 EAST LAS OLAS BOULEVARD STE 1200
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	V
Name	SIEGEL, DAVID
Address	201 EAST LAS OLAS BOULEVARD STE 1200
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	V
Name	FERRERA, ROCCO
Address	201 EAST LAS OLAS BOULEVARD STE 1200
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	V
Name	PALMER, STEPHEN R
Address	201 EAST LAS OLAS BOULEVARD STE 1200
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	VP
Name	CHANON, DAVID
Address	201 EAST LAS OLAS BOULEVARD STE 1200
City-State-Zip:	FORT LAUDERDALE FL 33301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KENNETH L. STILES**P****02/03/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date