

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000071191

**Entity Name:** MI ROF ELKHI PRODUCTIONS LLC

**Current Principal Place of Business:**

680 S. SAVARY AVE  
INVERNESS, FL 34453

**Current Mailing Address:**

P.O. BOX 1354  
INVERNESS, FL 34450-1354 US

**FEI Number:** 26-0866793

**Certificate of Status Desired:** Yes

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

WILSON, CRYSTAL A  
680 S. SAVARY AVE  
INVERNESS, FL 34453 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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGRM
Name	WILSON, CRYSTAL A	Name	WILSON, JACKIE LSR
Address	680 S. SAVARY AVE	Address	680 S. SAVARY AVE
City-State-Zip:	INVERNESS FL 34453	City-State-Zip:	INVERNESS FL 34453

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CRYSTAL WILSON

**OWNER**

**04/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date