

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000108592

Entity Name: WILSON ELITE SERVICES, LLC.

Current Principal Place of Business:

1634 SW TYHELMA ST
PALM CITY, FL 34990

Current Mailing Address:

PO BOX 3143
STUART, FL 34995

FEI Number: 27-1342667

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, VIOLA
1634 SW THELMA ST
PALM CITY, FL 34990 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 | MGRM | Title | MGRM |
| Name | WILSON, VIOLA | Name | ADMORE, CHANELL |
| Address | 1634 SW THELMA ST | Address | 432 SE FINI DR |
| City-State-Zip: | PALM CITY FL 34990 | City-State-Zip: | STUART FL 34996 |

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: VIOLA WILSON

OWNER

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date