

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000108592

Entity Name: WILSON ELITE SERVICES, LLC.

Current Principal Place of Business:

5479 SE PARAMOUNT DRIVE
STUART, FL 34997

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
5479 SE PARAMOUNT DRIVE
STUART, FL 34997 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	5479 SE PARAMOUNT DRIVE	Address	432 SE FINI DR
City-State-Zip:	STUART FL 34997	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

04/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date