

**2016 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**

**04/21/2016**

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

\_\_\_\_\_  
Date