

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000087442

**Entity Name:** ELIE & ASSOCIATES CPA, LLC

**Current Principal Place of Business:**

6280 W SAMPLE RD SUITE 207B  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

6280 W SAMPLE RD SUITE 207B  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 45-2895281

**Certificate of Status Desired:** No

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

PIERRE, HERLINE  
6280 W SAMPLE RD SUITE 207B  
CORAL SPRINGS, FL 33067 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	P	Title	VP
Name	ELIE, DAVID JR	Name	FRANCOIS, AGUILLARD
Address	7616 NW 25 STREET	Address	5840 W SAMPLE RD UNIT 306
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	CORAL SRINGS FL 33067
Title	MGR	Title	DIR
Name	PIERRE, HERLINE	Name	INNOCENT, THOMAS
Address	5840 W SAMPLE RD UNIT 306	Address	5204 BUTTONWOD CT
City-State-Zip:	CORAL SPRINGS FL 33067	City-State-Zip:	TAMARAC FL 33319

*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:** DAVID ELIE

**PRESIDENT**

**04/30/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date