

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000087442

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

**Current Principal Place of Business:**

541 S STATE RD 7  
8  
MARGATE, FL 33068

**Current Mailing Address:**

541 S STATE RD 7  
8  
MARGATE, FL 33068

**FEI Number:** 45-2895281

**Certificate of Status Desired:** No

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

PIERRE, HERLINE  
541 S STATE RD 7  
8  
MARGATE, FL 33068 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  
Name ELIE, DAVID JR  
Address 7616 NW 25 STREET  
City-State-Zip: MARGATE FL 33063

Title VP  
Name FRANCOIS, AGUILLARD  
Address 5840 W SAMPLE RD UNIT 306  
City-State-Zip: CORAL SPRINGS FL 33067

Title MGR  
Name PIERRE, HERLINE  
Address 5840 W SAMPLE RD UNIT 306  
City-State-Zip: CORAL SPRINGS FL 33067

Title DIR  
Name INNOCENT, THOMAS  
Address 5204 BUTTONWOD CT  
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**

**05/01/2014**

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

\_\_\_\_\_  
Date