

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000133304

**Entity Name:** ELYSE LOUIS, LLC

**Current Principal Place of Business:**

C/O INTERNATIONAL TAX & COMMERCE  
12025 RIVERHILLS DR  
TAMPA, FL 33617

**FILED**  
**Mar 15, 2016**  
**Secretary of State**  
**CC8767886883**

**Current Mailing Address:**

C/O INTERNATIONAL TAX & COMMERCE  
12025 RIVERHILLS DR  
TAMPA, FL 33617 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

INTERNATIONAL TAX & COMMERCE ADVISORS, LLC  
12025 RIVERHILLS DRIVE  
TAMPA, FL 33617 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	AMBR	Title	AMBR
Name	SCHWEITZER, JULIEN E	Name	SCHWEITZER, AURELIE
Address	8 GREAT COPSIE WAY, SOUTH GLOUCESTERSHIRE	Address	8 GREAT COPSIE WAY, SOUTH GLOUCESTERSHIRE
City-State-Zip:	UNITED KINGDOM BS16-1GH	City-State-Zip:	UNITED KINGDOM BS16-1GH

*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: JULIEN E SCHWEITZER**

**AMBR**

**03/15/2016**

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

\_\_\_\_\_  
Date