

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000089679

Entity Name: ELSIE RAITE LLC

Current Principal Place of Business:

318 BLACKFOOT DRIVE
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

318 BLACKFOOT DRIVE
DEFUNIAK SPRINGS, FL 32433

FEI Number: 46-3042043

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAITE, ELSIE
318 BLACKFOOT DRIVE
DEFUNIAK SPRINGS, FL 32433 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
Name RAITE, ELSIE
Address 318 BLACKFOOT DRIVE
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title MANAGER
Name SYKES, JIMMY
Address 318 BLACKFOOT DRIVE
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title ASSISTANT MANAGER
Name RAITE, LYNDA
Address 798 E. PINE AVE
City-State-Zip: CRESTVIEW FL 32539

Title CO-MANAGER
Name RAITE, ISAIAH
Address 798 E. PINE AVE.
City-State-Zip: CRESTVIEW FL 32539

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: ELSIE RAITE

OWNER

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date