

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000177754

**Entity Name:** ELITE MODEL MANAGEMENT MIAMI, LLC

**Current Principal Place of Business:**

555 WASHINGTON AVENUE  
SUITE 310  
MIAMI BEACH, FL 33139

**FILED**  
**Apr 24, 2023**  
**Secretary of State**  
**9030729270CC**

**Current Mailing Address:**

245 FIFTH AVENUE  
24TH FLOOR  
NEW YORK, NY 10016

**FEI Number:** 46-4445465

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 AUTHORIZED MEMBER  
Name ELITE MODEL MANAGEMENT, LLC  
Address 245 FIFTH AVENUE  
24TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title CO-CHAIRMAN  
Name TRUMP, EDDIE  
Address 17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP  
Name HIRSCH, MARK S  
Address 17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title CONTROLLER  
Name SENUTO, DAVID  
Address 245 FIFTH AVENUE  
24TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title MANAGER  
Name T2 COS MANAGEMENT, INC  
Address 17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title CO-CHAIRMAN  
Name TRUMP, JULIUS  
Address 17895 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title PRESIDENT  
Name MARKOVIC, DEJAN  
Address 245 FIFTH AVENUE  
24TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title COO, CFO  
Name LECCESE, SERGIO  
Address 245 FIFTH AVENUE  
24TH FLOOR  
City-State-Zip: NEW YORK NY 10016

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*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:** ANDRES GARCIA

**TREASURER**

**04/24/2023**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title SVP  
Name SHMUELI, OREN  
Address 17895 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TREASURER  
Name GARCIA, ANDRES  
Address 17070 COLLINS AVE.  
SUITE 260  
City-State-Zip: SUNNY ISLES BEACH FL 33160