

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000177754

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

**Current Principal Place of Business:**

119 WASHINGTON AVENUE  
SUITE 501  
MIAMI BEACH, FL 33139

**FILED**  
**Apr 20, 2017**  
**Secretary of State**  
**CC2698814150**

**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 C  
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 EVP  
Name LIEB, JAMES  
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 AVP  
Name TORPEY, CARITE L  
Address 17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AVP  
Name FELDMAN, RICHARD  
Address 17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR OF OPERATIONS  
Name LUCAS, ERIN  
Address 119 WASHINGTON AVENUE  
SUITE 501  
City-State-Zip: MIAMI BEACH FL 33139

**Continues on page 2**

*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:** CARITE L TORPEY

AVP

04/20/2017

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

\_\_\_\_\_  
Date

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

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

Title           SVP  
Name           TRUMP, JOSHUA  
Address        17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160