

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000036565

**Entity Name:** ELSAGMAR ENTERPRISE, LLC

**Current Principal Place of Business:**

5168 NE 6TH AVENUE APT 422  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

5168 NE 6TH AVENUE APT 422  
OAKLAND PARK, FL 33334 US

**FEI Number:** 47-3254545

**Certificate of Status Desired:** No

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

GALICIA-LONA, ELSA  
5168 NE 6TH AVENUE APT 422  
OAKLAND PARK, FL 33334 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           MANAGER  
Name           GALICIA-LONA, ELSA  
Address        5168 NE 6TH AVENUE APT. 422  
City-State-Zip: OAKLAND PARK FL 33334

*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:** GALICIA-LONA , ELSA

**MANAGER**

**02/28/2024**

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

\_\_\_\_\_ Date