

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000001501

**Entity Name:** ELMABER, LLC**Current Principal Place of Business:**6201 NW 114TH PL #244  
DORAL, FL 33178**Current Mailing Address:**6201 NW 114TH PL #244  
DORAL, FL 33178 US**FEI Number:** 81-1011543**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VEGA, ALBERT P CPA  
306 ALCAZAR AVE, STE 302  
CORAL GABLES, FL 33134 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           | MGR                        | Title           | MANAGER, AUTHORIZED MEMBER |
| Name            | REAL, BERTHA V             | Name            | BALSECA, BERTHA C          |
| Address         | 6201 NW 114TH PL #244      | Address         | 6201 NW 114TH PL #244      |
| City-State-Zip: | DORAL FL 33178             | City-State-Zip: | DORAL FL 33178             |
|                 |                            |                 |                            |
| Title           | MANAGER, AUTHORIZED MEMBER | Title           | MANAGER, AUTHORIZED MEMBER |
| Name            | RAMON VALENCIA, ELMO A     | Name            | SABATINO VALENCIA, MARIA T |
| Address         | AGUIRRE 517 Y ESCOBEDO     | Address         | AGUIRRE 517 Y ESCOBEDO     |
| City-State-Zip: | GUAYAQUIL                  | City-State-Zip: | GUAYAQUIL                  |

*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:** BALSECA , BERTHA C**MANAGER****06/16/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date