

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000095609

**Entity Name:** ELZONT & ASSOCIATES, LLC**Current Principal Place of Business:**1780 PALM COVE BLVD.  
APT. 205  
DELRAY BEACH, FL 33445**Current Mailing Address:**14717 FLOWER HILL DR  
CENTREVILLE, VA 20120 US**FEI Number:** 82-1496458**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELMAADAWY, GAMILA ESQ.  
1780 PALM COVE BLVD.  
APT. 205  
DELRAY BEACH, FL 33445 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:** GAMILA ELMAADAWY

02/27/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ELZONT, GAMILA  
Address 1780 PALM COVE BLVD., APT. 205  
City-State-Zip: DELRAY BEACH FL 33445

Title AMBR  
Name ELMAADAWY, ABDELLATIF  
Address 1780 PALM COVE BLVD., APT. 205  
City-State-Zip: DELRAY BEACH FL 33445

Title AMBR  
Name MOGHAZY, NIVEEN EL  
Address 1780 PALM COVE BLVD.  
APT. 205  
City-State-Zip: DELRAY BEACH FL 33445

Title AMBR  
Name ELMAADAWY, AHMED  
Address 1780 PALM COVE BLVD.  
APT. 205  
City-State-Zip: DELRAY BEACH FL 33445

Title AMBR  
Name ELMAADAWY, GAMILA  
Address 1780 PALM COVE BLVD.  
#205  
City-State-Zip: DELRAY BEACH FL 33445

*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:** GAMILA ELMAADAWY

AMBR

02/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date