

2025 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:

14720 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

01/27/2025

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

01/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date