

2020 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:**1780 PALM COVE BLVD.
APT. 205
DELRAY BEACH, FL 33445 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

03/25/2020

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

03/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date