

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000126819

Entity Name: ELSA MICHELLE LLC

Current Principal Place of Business:

4603 SUMMERLAKE CIR
PARRISH, FL 34219

Current Mailing Address:

4603 SUMMERLAKE CIR
PARRISH, FL 34219 US

FEI Number: 84-1850690

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAUFFMAN, ELSA M
4603 SUMMERLAKE CIR
PARRISH, FL 34219 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
Name KAUFFMAN, ELSA M
Address 4603 SUMMERLAKE CIR
City-State-Zip: PARRISH FL 34219

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: ELSA M KAUFFMAN

MANAGER

04/15/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date