

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000335784

**Entity Name:** ELITUS INSURANCE LLC

**Current Principal Place of Business:**

6270 NW 18TH ST  
SUNRISE, FL 33313

**Current Mailing Address:**

6270 NW 18TH ST  
SUNRISE, FL 33313 US

**FEI Number:** 86-1476308

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LAMORU, ERICK M  
6270 NW 18TH ST  
SUNRISE, FL 33313 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 LAMORU, ERICK M  
Address 6270 NW 18TH ST  
City-State-Zip: SUNRISE FL 33313

Title AR  
Name LAMORU, LEONIS  
Address 6270 NW 18TH ST  
City-State-Zip: SUNRISE FL 33313

*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:** LEONIS LAMORU

AR

03/18/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date