

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000080362

**Entity Name:** ELL GROWTH LLC

**Current Principal Place of Business:**

4086 LAUREL ESATES WAY  
WELLINGTON, FL 33449

**Current Mailing Address:**

4086 LAUREL ESATES WAY  
WELLINGTON, FL 33449

**FEI Number:** 86-2294592

**Certificate of Status Desired:** No

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

ELLMAN, RITA D  
4086 LAUREL ESTATES WAY  
WELLINGTON, FL 33449 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 ELLMAN, BRADLEY S  
Address 4086 LAUREL ESTATES WAY  
City-State-Zip: WELLINGTON FL 33449

Title MGR  
Name ELLMAN, RITA D  
Address 4086 LAUREL ESTATES WAY  
City-State-Zip: WELLINGTON FL 33449

Title MGR  
Name ELLMAN, SEAN F  
Address 415 LEONARD ST, APT 1E  
City-State-Zip: BROOKLYN NY 11222

Title MGR  
Name ELLMAN, SHARON  
Address 415 LEONARD ST, APT 1E  
City-State-Zip: BROOKLYN NY 11222

Title MGR  
Name ELLMAN, SCOTT B  
Address 16 BARDON STREET  
City-State-Zip: MADISON NJ 07940

Title MGR  
Name ELLMAN, ASHLEIGH R  
Address 16 BARDON ST  
City-State-Zip: MADISON NJ 07940

*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:** RITA ELLMAN

MGR

01/21/2022

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

\_\_\_\_\_  
Date