

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000497751

**Entity Name:** ELITE MEDICAL LABORATORY LLC

**Current Principal Place of Business:**

8800 49TH ST NORTH  
SUITE 407  
PINELLAS PARK, FL 33782

**Current Mailing Address:**

PO BOX 530831  
SAINT PETERSBURG, FL 33747 US

**FEI Number:** 87-3636514

**Certificate of Status Desired:** Yes

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

WILLIAMS, SHATAVIUS V  
8800 49TH ST NORTH  
SUITE 407  
PINELLAS PARK, FL 33782 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	Title	DIRECTOR
Name	SHAW, BRITTANY M	Name	WILLIAMS, SHATAVIUS V
Address	1030 SE FORT KING STREET APT 307	Address	8800 49TH ST NORTH SUITE 307
City-State-Zip:	OCALA FL 34471	City-State-Zip:	PINELLAS PARK FL 33782

*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:** SHATAVIUS WILLIAMS

**PRESIDENT**

**04/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date