

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000473185

**Entity Name:** ELITE TREATS, LLC

**Current Principal Place of Business:**

17055 BRULEE BREEZE WAY  
BOCA RATON, FL 33496

**Current Mailing Address:**

17055 BRULEE BREEZE WAY  
BOCA RATON, FL 33496

**FEI Number:** 92-0988638

**Certificate of Status Desired:** No

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

KOPELOWITZ, BRIAN ESQUIRE  
ONE WEST LAS OLAS BOULEVARD  
SUITE 500  
FORT LAUDERDALE, FL 33301 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 ELITE SUPPLEMENTS, INC.  
Address 17055 BRULEE BREEZE WAY  
City-State-Zip: BOCA RATON FL 33496

*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:** BETH MELAMED

**MANAGER**

**01/23/2023**

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

\_\_\_\_\_  
Date