

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000503820

**Entity Name:** ELYM VENTURES LLC

**Current Principal Place of Business:**

19392 CAROLINA CIR  
BOCA RATON, FL 33434

**Current Mailing Address:**

19392 CAROLINA CIR  
BOCA RATON, FL 33434 US

**FEI Number:** 99-0398548

**Certificate of Status Desired:** No

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

ELYM ENTERPRISES LLC S  
19655 118TH TRAIL S  
BOCA RATON, FL 33498 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 AUTHORIZED MEMBER  
Name NAPOLEON, JOVADI-HARRY  
Address 19655 118TH TRAIL SOUTH  
City-State-Zip: BOCA RATON FL 33498

Title AUTHORIZED MEMBER  
Name PHILOGENE, LOVELY  
Address 19655 118TH TRAIL SOUTH  
City-State-Zip: BOCA RATON FL 33498

Title DIRECTOR  
Name NAPOLEON, ELIZABETH-ROSE  
Address 19655 118TH TRAIL SOUTH  
City-State-Zip: BOCA RATON FL 33498

Title DIRECTOR  
Name NAPOLEON, LOIS-EUNICE  
Address 19655 118TH TRAIL SOUTH  
City-State-Zip: BOCA RATON FL 33498

Title DIRECTOR  
Name NAPOLEON, YESH-EL  
Address 19655 118TH TRAIL SOUTH  
City-State-Zip: BOCA RATON FL 33498

Title DIRECTOR  
Name NAPOLEON, MOISHEL-DAWID  
Address 19655 118TH TRAIL SOUTH  
City-State-Zip: BOCA RATON FL 33498

*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:** JOVADI-HARRY NAPOLEON

**AUTHORIZED MEMBER**

**05/01/2024**

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

\_\_\_\_\_  
Date