

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 29, 2016
Secretary of State
CC9711534355

Entity Name: ELEVATION RECOVERY LLC

Current Principal Place of Business:

1509 N. MILITARY TRAIL STE 100
WEST PALM BEACH, FL 33409

Current Mailing Address:

1509 N. MILITARY TRAIL STE 100
WEST PALM BEACH, FL 33409

FEI Number: 46-4774042

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WALKER, ANGELA
1509 N. MILITARY TRAIL STE 100
WEST PALM BEACH, FL 33409 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 BOYKIN, JAMES
Address 4459 LAKE TAHOE CIR
City-State-Zip: WEST PALM BEACH FL 33409

Title MGR
Name HONAKER, STEPHEN
Address 1482 VILLA JUNO DRIVE N
City-State-Zip: JUNO BEACH FL 33408

Title MGR
Name WALKER, ANGELA
Address 1509 N. MILITARY TRAIL STE 100
City-State-Zip: WEST PALM BEACH FL 33409

Title MGR
Name GORDON, DYLAN
Address 5365 OUACHITA DR
City-State-Zip: LAKE WORTH FL 33467

Title MGR
Name FERRELL, NICHOLAS
Address 5365 OUACHITA DR
City-State-Zip: LAKE WORTH FL 33467

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: ANGELA WALKER

EXECUTIVE DIRECTOR

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date