

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000195942

**Entity Name:** ELEVATED INTUITION, LLC

**Current Principal Place of Business:**

490 ASPENWOOD DR  
TWIN FALLS, IA 83301

**Current Mailing Address:**

490 ASPENWOOD DR  
TWIN FALLS, IA 83301 US

**FEI Number: 81-4191812**

**Certificate of Status Desired: No**

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

CHABOT, SHAREE L  
2017 FOUNDERS POINT AVE  
HAMPTON, FL 23665 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	MS.
Name	CHABOT, CHRISTOPHER S.	Name	CHABOT, SHAREE LYN
Address	490 ASPENWOOD DR	Address	490 ASPENWOOD DR
City-State-Zip:	TWIN FALLS IA 83301	City-State-Zip:	TWIN FALLS IA 83301

*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: SHAREE CHABOT**

**02/08/2024**

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

\_\_\_\_\_  
Date