

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000401492

**Entity Name:** INSURANCE ELEVATED WITH ARI LLC

**Current Principal Place of Business:**

3615 E SEVENTH AVE  
TAMPA, FL 33605

**Current Mailing Address:**

6702 MARINA POINTE VILLAGE CT APT 202  
APT 202  
TAMPA, FL 33635 UN

**FEI Number:** 93-3161675

**Certificate of Status Desired:** No

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

MARKE, ARIANA  
6702 MARINA POINTE VILLAGE CT  
APT 202  
TAMPA, FL 33635 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 MARKE, ARIANA  
Address 6702 MARINA POINTE VILLAGE CT  
APT 202  
City-State-Zip: TAMPA FL 33635

*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:** ARIANA MARKE

MGR

02/06/2024

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

\_\_\_\_\_ Date