

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063798

Entity Name: ACCELEVATE, LLC

FILED
Jan 28, 2008
Secretary of State

Current Principal Place of Business:

1915 COLES RD
CLEARWATER, FL 33755

New Principal Place of Business:

31790 US HWY 19 N #228
PALM HARBOR, FL 34684

Current Mailing Address:

1915 COLES RD
CLEARWATER, FL 33755

New Mailing Address:

PO BOX 699
PALM HARBOR, FL 34682

FEI Number: 20-1555371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUROS, DANIEL L
1915 COLES RD
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

DOUROS, DANIEL L
31790 US HWY 19 N #228
PALM HARBOR, FL 34684 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: DANIEL DOUROS

01/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOUROS, DANIEL L
Address: 1915 COLES RD
City-St-Zip: CLEARWATER, FL 33755 US

Title: MGR () Delete
Name: ALANASARI, PINKY
Address: 1915 COLES RD
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DOUROS, DANIEL L
Address: 31790 US HWY 19 N #228
City-St-Zip: PALM HARBOR, FL 34684 US

Title: MGR (X) Change () Addition
Name: ALANASARI, PINKY
Address: 31790 US HWY 19 N #228
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DANIEL DOUROS

MGR

01/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date