

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000013207

Entity Name: ELEVATE ORAL CARE, LLC

Current Principal Place of Business:

346 PIKE ROAD
SUITE 5
WEST PALM BEACH, FL 33411

Current Mailing Address:

346 PIKE ROAD
SUITE 5
WEST PALM BEACH, FL 33411 US

FEI Number: 27-2919717

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HANLON, M. TIMOTHY
340 ROYAL POINCIANA WAY, SUITE321
PALM BEACH, FL 33480 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 MGRM
Name CJ INVESTMENTS OF PALM BEACH, LLC
Address 1480 WOOD ROW WAY
City-State-Zip: WELLINGTON FL 33414

Title MGRM
Name ACT THREE, LLC
Address 1480 WOOD ROW WAY
City-State-Zip: WELLINGTON FL 33414

Title MGRM
Name HANLON, M. TIMOTHY
Address 340 ROYAL POINCIANA WAY, SUITE 321
City-State-Zip: PALM BEACH FL 33480

Title MGRM
Name SIMPLE STUDIOS, LLC
Address 12840 PACKWOOD ROAD
City-State-Zip: NORTH PALM BEACH FL 33408

Title MGRM
Name UNSTOPPABLE, LLC
Address 15320 MEADOW WOOD DRIVE
City-State-Zip: WELLINGTON FL 33414

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: M. TIMOTHY HANLON

MBR

04/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date