

2022 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, SUITE 321
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**MEMBER****01/05/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date