2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2017
Secretary of State
CC0700900124

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Entity Name: HEALTHY ELEVATIONS, LLC.

Current Principal Place of Business:

320 COPPERSTONE CIRCLE
CASSELBERRY, FL 32707

Current Mailing Address:

PO BOX 181628
CASSELBERRY, FL 32718 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LINTON, CELIA
320 COPPERSTONE CIRCLE
CASSELBERRY, FL 32707 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	LINTON, CELIA
Address	320 COPPERSTONE CIRCLE
City-State-Zip:	CASSELBERRY FL 32707

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: CELIA LINTON OWNER 03/19/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date