

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000000322

**Entity Name:** ELEVATED DESIGN CO., LLC.

**Current Principal Place of Business:**

334 N. TWIN MAPLE RD.  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

334 N. TWIN MAPLE RD.  
ST. AUGUSTINE, FL 32084 US

**FEI Number:** 46-4423592

**Certificate of Status Desired:** No

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

WASHINGTON, RACHEL  
334 N. TWIN MAPLE RD.  
ST. AUGUSTINE, FL 32084 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:** RACHEL WASHINGTON

05/25/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name WASHINGTON, RACHEL  
Address 334 N. TWIN MAPLE RD.  
City-State-Zip: ST. AUGUSTINE FL 32084

Title AUTHORIZED MEMBER  
Name WASHINGTON, BRIAN  
Address 334 N. TWIN MAPLE RD.  
City-State-Zip: ST. AUGUSTINE FL 32084

*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:** RACHEL WASHINGTON

AMBR

05/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date