

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000157123

**Entity Name:** ELEVATED XPERIENCE LLC

**Current Principal Place of Business:**

5508 N 50 ST STE 16A  
TAMPA, FL 33610

**Current Mailing Address:**

5508 N 50 ST STE 16A  
TAMPA, FL 33610

**FEI Number:** 82-2239036

**Certificate of Status Desired:** No

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

SPENCER, CEDRICKA J  
8913 BRIDGEFORD OAKS DR  
TAMPA, FL 33637 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 MRG  
Name SPENCER, CEDRICKA J  
Address 8913 BRIGDEFORD OAKS DR  
City-State-Zip: TAMPA FL 33637

*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:** CEDRICKA J SPENCER

06/30/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date