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: LINDSAY KERVIN

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

KERVIN, LINDSAY R 4009 INDIANAPOLIS ST NE SAINT PETERSBURG, FL 33703 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:

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	KERVIN, LINDSAY	Name	KERVIN, GENEVA
Address	4009 INDIANAPOLIS ST NE	Address	4009 INDIANAPOLIS ST NE
City-State-Zip:	SAINT PETERSBURG FL 33703	City-State-Zip:	SAINT PETERSBURG FL 33703

DOCUMENT# L19000037742

Entity Name: ELEVATE ACCOUNTING SOLUTIONS LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

4009 INDIANAPOLIS ST NE SAINT PETERSBURG, FL 33703

Current Mailing Address:

4009 INDIANAPOLIS ST NE SAINT PETERSBURG. FL 33703 US

FEI Number: 38-4106858

Electronic Signature of Registered Agent

Date

Certificate of Status Desired: No

FILED Apr 07, 2020 Secretary of State 7568775580CC

Date

04/07/2020

MGR