

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000149518

Entity Name: ELEVATE220, LLC

Current Principal Place of Business:

35 FLOWERTREE DR.
ORMOND BEACH, FL 32174

Current Mailing Address:

35 FLOWERTREE DR.
ORMOND BEACH, FL 32174 US

FEI Number: 84-1987916

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOVAK, KAREN
35 FLOWERTREE DR.
ORMOND BEACH, FL 32174 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 AMBR
Name NOVAK, PAUL
Address 8632 FARRALONE AVE.
City-State-Zip: WEST HILLS CA 91304

Title AMBR
Name GRZESZKIEWICZ, LAURA
Address 10063 51ST CT.
City-State-Zip: PLEASANT PRAIRIE FL 53158

Title AMBR
Name GRZESZKIEWICZ, STEVEN
Address 10063 51ST CT.
City-State-Zip: PLEASANT PRAIRIE FL 53158

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: LAURA GRZESZKIEWICZ

OWNER

04/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date