

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000075399

**Entity Name:** ELEVATE 24/7, LLC

**Current Principal Place of Business:**

1014 N. ADAMS ST.  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

3122 MAHAN DR  
STE 801-146  
TALLAHASSEE, FL 32308 US

**FEI Number:** 87-4651837

**Certificate of Status Desired:** No

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

RIGGANS, LASHAWN D  
1014 N. ADAMS ST.  
TALLAHASSEE, FL 32303 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            AUTHORIZED MEMBER  
Name            RIGGANS, LASHAWN D  
Address        3122 MAHAN DR  
                  STE 801-146  
City-State-Zip: TALLAHASSEE FL 32308

*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:** LASHAWN RIGGANS

AUTHORIZED MEMBER

03/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date