

2021 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:

PO BOX 11282
TALLAHASSEE, FL 32302 US

FEI Number: 86-1223828

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 MGR
Name RIGGANS, LASHAWN D
Address PO BOX 11282
City-State-Zip: TALLAHASSEE FL 32302

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 D. RIGGANS

MGR

04/15/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date