

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000241841

**Entity Name:** ELEV8D WELLNESS LLC

**Current Principal Place of Business:**

708 LANDOVER CIR #203  
NAPLES, FL 34104

**Current Mailing Address:**

708 LANDOVER CIR #203  
NAPLES, FL 34104 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HANKS, LEVI  
708 LANDOVER CIR #203  
NAPLES, FL 34104 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:** LEVI HANKS

07/07/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            HANKS, LEVI  
Address        708 LANDOVER CIR #203  
City-State-Zip: NAPLES FL 34104

*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:** LEVI HANKS

MEMBER

07/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date