

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000299105

Entity Name: ELEVATED AV LLC

Current Principal Place of Business:

18 SHORELINE PL
GULF BREEZE, FL 32561

Current Mailing Address:

18 SHORELINE PL
GULF BREEZE, FL 32561 US

FEI Number: 85-4061202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAW, WILLIAM H
18 SHORELINE PL.
GULF BREEZE, FL 32561 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 SHAW, WILLIAM
Address 18 SHORELINE PL.
City-State-Zip: GULF BREEZE 32561

Title MGR
Name SHAW, KARLIE NICOLE
Address 18 SHORELINE PL.
City-State-Zip: GULF BREEZE FL 32561

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: WILLIAM SHAW

MGR

01/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date