

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000317445

**Entity Name:** ELEVATED HEALING LLC

**Current Principal Place of Business:**

6200 115TH LANE  
SEMINOLE, FL 33772

**Current Mailing Address:**

6200 115TH LANE  
SEMINOLE, FL 33772

**FEI Number:** 85-3347444

**Certificate of Status Desired:** No

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

SIMMONS, KATHRINE-LEIGH  
6200 115TH LANE  
SEMINOLE, FL 33772 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 SIMMONS, KATHRINE-LEIGH  
Address 6200 115TH LANE  
City-State-Zip: SEMINOLE FL 33772

*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:** KATHRINE-LEIGH SIMMONS

**OWNER**

**03/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date