

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000146442

**Entity Name:** ELEVATE 180 LLC

**Current Principal Place of Business:**

2784 BLUFF ESTATE WAY  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

2784 BLUFF ESTATE WAY  
JACKSONVILLE, FL 32226

**FEI Number:** 86-3120571

**Certificate of Status Desired:** No

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

BELLAMY, ANTONIO C  
2784 BLUFF ESTATE WAY  
JACKSONVILLE, FL 32226 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 BELLAMY, ANTONIO  
Address 2784 BLUFF ESTATE WAY  
City-State-Zip: JACKSONVILLE FL 32226

Title AUTHORIZED MEMBER  
Name SIMPSON, JENAY NICOLE  
Address 2784 BLUFF ESTATE WAY  
City-State-Zip: JACKSONVILLE FL 32226

Title AUTHORIZED MEMBER  
Name BRONSON, JADA LYNN  
Address 2784 BLUFF ESTATE WAY  
City-State-Zip: JACKSONVILLE FL 32226

*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:** ANTONIOBELLAMY

MANAGER

02/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date