

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000503356

**Entity Name:** INSURANCE ELEVATED LLC

**Current Principal Place of Business:**

3609 E 7TH AVE  
TAMPA, FL 33605

**Current Mailing Address:**

3213 W ABDELLA ST  
TAMPA, FL 33607 US

**FEI Number:** 88-4373923

**Certificate of Status Desired:** No

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

BOSWORTH, ERIC R  
7308 GREENBRIAR PKWY  
ORLANDO, FL 32819 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:** ERIC BOSWORTH

02/04/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name BOSWORTH, ERIC  
Address 4950 W KENNEDY BLVD  
SUITE 615  
City-State-Zip: TAMPA FL 33609

*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:** ERIC BOSWORTH

SOLE MBR

02/04/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date