

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000218566

**Entity Name:** LEVEL UPVIBES LLC

**Current Principal Place of Business:**

5080 POST OAK LN  
NAPLES, FL 34105

**Current Mailing Address:**

5080 POST OAK LN  
NAPLES, FL 34105 US

**FEI Number:** 99-2949765

**Certificate of Status Desired:** No

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

SCHWALBACK, FAITH  
5080 POST OAK LN  
NAPLES, FL 34105 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	Title	MGR
Name	SCHWALBACK, FAITH	Name	SCHWABACK, SCOTT
Address	5080 POST OAK LN	Address	5080 POST OAK LN
City-State-Zip:	NAPLES FL 34105	City-State-Zip:	NAPLES FL 34105

*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:** FAITH SCHWALBACK

**CEO**

**02/15/2025**

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

\_\_\_\_\_  
Date