

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000325140

Entity Name: ELIVATE HYDRATION THERAPY LLC

Current Principal Place of Business:

2449 TIMBERVIEW DR.
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

2449 TIMBERVIEW DR.
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 99-4396597

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILL, THOMAS ESQ
1801 S. VOLUSIA AVE
ORANGE CITY, FL 32763 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 AMBR
Name HILL, TIFFANY
Address 2449 TIMBERVIEW DR.
City-State-Zip: NEW SMYRNA BEACH FL 32168

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: TIFFANY HILL

AMBR

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date