

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000000029

Entity Name: ELEVATE RECOVERIES, L.L.C.**Current Principal Place of Business:**1930 N GRAND AVE
SHERMAN, TX 75090**Current Mailing Address:**1930 N GRAND AVE
SHERMAN, TX 75090 US**FEI Number:** 61-1925282**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 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 | AUTHORIZED REPRESENTATIVE |
| Name | SPRINGER, COY |
| Address | 1930 N GRAND AVE |
| City-State-Zip: | SHERMAN TX 75090 |

| | |
|-----------------|------------------------------|
| Title | MANAGER |
| Name | MOORE, MICHAEL |
| Address | 3600 S. GESSNER SUITE 225 |
| City-State-Zip: | HOUSTON TX 77063 |

| | |
|-----------------|------------------|
| Title | MANAGER |
| Name | PRAVI INC. |
| Address | 1930 N GRAND AVE |
| City-State-Zip: | SHERMAN TX 75090 |

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: COY SPRINGER**AUTHORIZED PERSON****03/06/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date