

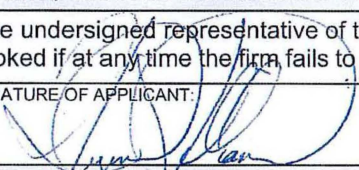

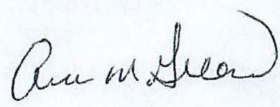


APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: ☒ NEW ☐ RENEWAL

SERVICE TYPE: ☒ Wheelchair Transport ☐ ALS Interfacility ☐ ALS Non-Transport
☐ Stretcher Transport ☐ ALS Helicopter ☐ ALS Transport

TYPE OF ENTITY: ☒ Sole Proprietor ☐ Partnership ☐ Non-Profit Corporation ☐ Corporation

ORGANIZATION NAME: EV Elite Vehicles		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 8 A.M. to 5 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 8120 4th Street North Suite 1		PHONE: 866-359-0372
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: Saint Petersburg, FL 33702		
OFFICER/DIRECTOR NAME & TITLE: Earvin Ealy / Director	PHONE NUMBER & E-MAIL: 866-359-0372 info@evelitevehicles.com	
VICE OFFICER/DIRECTOR NAME & TITLE: N/A	PHONE NUMBER & E-MAIL: N/A	
BUSINESS HOURS POINT-OF-CONTACT: Earvin Ealy	PHONE NUMBER & E-MAIL: 866-3590-0372 info@evelitevehicles.com	
AFTER HOURS POINT-OF-CONTACT: Earvin Ealy	PHONE NUMBER & E-MAIL: 866-359-0372 info@evelitevehicles.com	
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements.		
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.		
SIGNATURE OF APPLICANT: 		DATE: 06/02/2025
STATE OF FLORIDA COUNTY OF <u>Hillsborough</u>		
Subscribed and sworn to (or affirmed) before me this <u>June 2nd, 2025</u> by <u>Regina Latrice Williams Ealy</u> , who is/are personally known to me or has/have produced <u>Florida Drivers License</u> as identification.		
(SEAL)	 ANNA M. GREEN Notary Public State of Florida Comm# HH614790 Expires 5/9/2027	 ANNA M GREEN (Name of Notary typed, printed or Form stamped)

COPCN (Form A)

Section 1

Application Type

Initial	Renewal
<input checked="" type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Wheelchair Transport

Stretcher Transport

ALS Helicopter

ALS Interfacility

ALS Non-Transport

ALS Transport

Type of Entity

*Type of Entity

☒ Sole Proprietor☐ Partnership☐ Non-Profit Corporation☐ Corporation

Organization Type

Sole Proprietor

Company Information (Form A)

Company Information

Organization Name

EV Elite Vehicles

*Street 1

8120 4th St N Suite 1

Street 2

8120 4th St N Suite 1

*Postal Code

33702

City

Saint Petersburg

State

Florida

Phone

866 - 359 - 0372 Ext:

Fax

- -

Company Contacts

Position

☐ Officer/Director

*Action to take

Update record in the service



This is the action that will be taken within the service for the User you select below.

*Search Contact

Williams-Ealy, Regina (569000)

*Work Phone

866

-

359

-

0372

Ext:

Email

rlwilliams1@hotmail.com

Position

☒ Vice Officer/Director

*Search Contact

Ealy, Earvin



*Work Phone

866

-

359

-

0372

Ext:

*Email

earvinealy2@gmail.com

Position

☒ Business Hours Point-of-Contact

*Search Contact

Ealy, Earvin



*Work Phone

866

-

359

-

0372

Ext:

*Email

earvinealy2@gmail.com

Position

☒ After Hours Point-of-Contact

*User

Ealy, Earvin

*Work Phone

866 - 359 - 0372 Ext:

*Email

earvinealy2@gmail.com

Record Keeping Verification Form (Form B)

Inspection Items

Section 8.1

Record all telephone lines when used for requests for transport, including cell phones.*

*Initials

EE

*Initial here if standard business practice is to receive requests via fax and/or e-mail and written records are maintained of such contacts in accordance with written records criteria.

*Initials

EE

Section 8.1

Written record contains:

- Date Call Received
- Time Call Received
- Pick-up & Destination Address
- Arrival Time at Destination
- Client's Name
- Person Ordering Transport
- Telephone Number of Caller (*if applicable)

*Initials

EE

Section 8.1

Audio dispatch records shall be kept for a minimum of six (6) months.

*Initials

EE

Section 8.1

Written or electronic dispatch shall be kept for a minimum of three (3) years.

*Initials

EE

Section 8.1



Dispatch audio & written/electronic records shall be available for inspection.

*Initials

EE



Vehicles (Form C)

Section 1

Vehicle	Unit Number	Vehicle Tag Number	Vehicle Identification Number(VIN)	Active
 [New]	2023	56EURJ	5TDKRKECXPS173058	Yes
 [New]	2025	DW01EB	5TDKRKEC4SS228922	Yes

Personnel (Form D)

Section 1

Personnel ID	User	Position
	Ealy, Earvin (none)	WCT Admin Support
 569000	Williams-Ealy, Regina (569000)	

Required Documents

Insurance verification

Provide a copy of the Certificate of Insurance showing limits for the highest level of service provided detailing vehicle liability, property damage coverage, and the expiration date of the policy (See Rules & Regulations 8.2)

Policy Type

Policy

Number

74APS12264701

Issued Date

12/05/2024


Today

Expiration Date

12/05/2025

Today

*Insurance Verification

 Change File

COI 2024-2025.pdf

Name


Insurance Verification

Document Type

Insurance Verification

Certificate of Incorporation

*Certificate of Incorporation

 Change File

Certificate of Incorporation.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation

Retail Rate Schedule

***Retail Rate Schedule**

 **Change File** Rate Schedule - EV.pdf

Name

Retail Rate Schedule

Document Type

Retail Rate Schedule

Certification of Fictitious Name (d.b.a.)

Please upload a copy of your Certification of Fictitious Name (d.b.a.).

Certification of Fictitious Name

 **Upload File**

Name

Certification of Fictitious Name

Document Type

Certification of Fictitious Name

Signature

Signature

***Today's Date**

05/15/2025

Today

***Signature**

Signed on May 15, 2025 12:57:30 PM by Earvin Ealy



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bullington Insurance Group LLC. 14502 N Dale Mabry Hwy Suite 200 Tampa, FL 33618	CONTACT NAME: Nick Ferree PHONE (A/C, No, Ext): (813)248-6800 FAX (A/C, No): (813)248-6877 E-MAIL ADDRESS: info@bigins.net																					
INSURED EV Elite Vehicles, LLC 8120 4th St N Ste 1 St Petersburg, FL 33702-3629	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>Scottsdale Insurance Company</td><td>15580</td></tr><tr><td>INSURER B :</td><td>National Indemnity Company Of The South</td><td>42137</td></tr><tr><td>INSURER C :</td><td></td><td></td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Scottsdale Insurance Company	15580	INSURER B :	National Indemnity Company Of The South	42137	INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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INSURER B :	National Indemnity Company Of The South	42137																				
INSURER C :																						
INSURER D :																						
INSURER E :																						
INSURER F :																						


COVERAGES**CERTIFICATE NUMBER: 00002414-241205164452****REVISION NUMBER: 9**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																					
A	X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPS8115762	12/05/2024	12/05/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$</td><td>300,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td><td>5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$</td><td>300,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td><td>300,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td>300,000</td></tr><tr><td></td><td>\$</td><td></td></tr></table>	EACH OCCURRENCE	\$	300,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	MED EXP (Any one person)	\$	5,000	PERSONAL & ADV INJURY	\$	300,000	GENERAL AGGREGATE	\$	300,000	PRODUCTS - COMP/OP AGG	\$	300,000		\$	
EACH OCCURRENCE	\$	300,000																										
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000																										
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GENERAL AGGREGATE	\$	300,000																										
PRODUCTS - COMP/OP AGG	\$	300,000																										
	\$																											
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			74APS122647-01	12/05/2024	12/05/2025	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td>300,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	300,000	BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$			\$							
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BODILY INJURY (Per person)	\$																											
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PROPERTY DAMAGE (Per accident)	\$																											
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	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						<table><tr><td>EACH OCCURRENCE</td><td>\$</td><td></td></tr><tr><td>AGGREGATE</td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr></table>	EACH OCCURRENCE	\$		AGGREGATE	\$			\$													
EACH OCCURRENCE	\$																											
AGGREGATE	\$																											
	\$																											
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				<table><tr><td>PER STATUTE</td><td>OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td></td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td></td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td></td></tr></table>	PER STATUTE	OTH-ER		E.L. EACH ACCIDENT	\$		E.L. DISEASE - EA EMPLOYEE	\$		E.L. DISEASE - POLICY LIMIT	\$										
PER STATUTE	OTH-ER																											
E.L. EACH ACCIDENT	\$																											
E.L. DISEASE - EA EMPLOYEE	\$																											
E.L. DISEASE - POLICY LIMIT	\$																											

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

2023 Toyota Sienna LE 40 Series, 5DR, 5TDKRKECXPS173058**2025 Toyota Sienna LE 40 Series, 5DR, 5TDKRKEC4SS228922****CERTIFICATE HOLDER****CANCELLATION**

Pinellas County, A Political Subdivision of the State of Florida 400 S Fort Harrison Ave Clearwater, FL 33756	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
	(NIF)

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**Electronic Articles of Organization
For
Florida Limited Liability Company**

L18000060520
FILED 8:00 AM
March 07, 2018
Sec. Of State
cewilson

Article I

The name of the Limited Liability Company is:

EVELITEVEHICLES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1014 54TH PLACE SOUTH
APT 2
ST. PETERSBURG, FL. US 33712

The mailing address of the Limited Liability Company is:

PO BOX 11935
ST. PETERSBURG, FL. US 33733

Article III

The name and Florida street address of the registered agent is:

REGISTERED AGENTS INC.
3030 N. ROCKY POINT DR.
STE 150A
TAMPA, FL. 33607

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BILL HAVRE

Article IV

The name and address of person(s) authorized to manage LLC:

Title: PRES
REGINA WILLIAMS
2014 54TH PLACE SOUTH APT 2
ST. PETERSBURG, FL. 33712 US

Title: PRES
ELVIRA GOLDEN
6267 12TH ST. SOUTH
ST. PETERSBURG, FL. 33705 US

L18000060520
FILED 8:00 AM
March 07, 2018
Sec. Of State
cewilson

Signature of member or an authorized representative

Electronic Signature: REGINA WILLIAMS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L18000060520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800310753128

03/22/18 -01010--024 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR 22 AM 4:15

N COOPER

MAR 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EV Elite Vehicles, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Regina Williams

Name of Person

EV Elite Vehicles

Firm/Company

PO Box 11935

Address

St. Petersburg, FL 33733

City/State and Zip Code

rlwilliams1@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regina Williams

at (727) 648-7794

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EV Elite Vehicles, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/07/2018 and assigned
Florida document number L18000060520.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR 22 AM 4:15

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please, change the title for the following individuals:

Regina Williams from PRES to MANAGER

Elvira Golden from PRES to MANAGER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR 22 AM 4:15

E. Effective date, if other than the date of filing: _____ (optional)

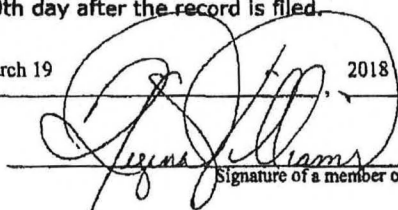
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 19, 2018



Signature of a member or authorized representative of a member

Regina Williams

Typed or printed name of signee

L18 000060520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000329126100

05/13/19--01031--015 \$25.00

S TALLENT

MAY 29 2019

FILED
2019 MAY 13 PM 1:59
SECRETARY OF STATE
TALLahassee, FL

*Diss/Resign
Mention*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EV Elite Vehicles LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Regina Williams
(Contact Person)

EV Elite Vehicles LLC
(Firm/Company)

8120 4th St. S
(Address)

St. Petersburg, FL 33702
(City/State and Zip Code)

For further information concerning this matter, please call:

Regina Williams at 866 359-0372
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314




FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: EV Elite Vehicles, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L18000060520
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/07/2019
4. I, Elvira Golden, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2019 MAY 13 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FL

Non-Emergency Medical Transportation Rates

Type of Medical Transport	Weekday Rates (Business Hours) Base Rate	Rate per mile
Ambulatory Transportation	\$25.00	\$3.00
Wheelchair Transportation	\$50.00	\$4.00
Stretcher Transportation	\$200.00	\$5.00

	Weekend & Off Hour Rates Base Rate	Rate per mile
Ambulatory Transportation	\$35.00	\$4.00
Wheelchair Transportation	\$75.00	\$5.00
Stretcher Transportation	\$250.00	\$6.00

	Holiday Rates Base Rate	Rate per mile
Ambulatory Transportation	\$50.00	\$6.00
Wheelchair Transportation	\$100.00	\$8.00
Stretcher Transportation	\$400.00	\$12.00

All rates are one-way

Wait times:

Ambulatory - \$60 per hour
Wheelchair - \$75 per hour
Stretcher - \$150 per hour

Additional Passenger or

Attendee Fee:
\$10 each

*** Long Distance Medical Transportation Rates ***

Long distance over 100 miles and out of state rates on a per-case basis.





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
EV ELITE VEHICLES, LLC

Filing Information

Document Number	L18000060520
FEI/EIN Number	82-4772829
Date Filed	03/07/2018
State	FL
Status	ACTIVE
Last Event	LC DISSOCIATION MEM
Event Date Filed	05/13/2019
Event Effective Date	NONE

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Changed: 07/18/2018

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Changed: 02/04/2023

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Name Changed: 01/24/2019

Address Changed: 03/30/2020

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Title MGR

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2024	02/17/2024
2025	02/17/2025

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