

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090866

Entity Name: HUBERT ALLEN HOLDINGS, LLC**Current Principal Place of Business:**201 NORTH FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602**Current Mailing Address:**201 NORTH FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602**FEI Number:** 26-3424975**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOODWIN, JAMES W. ESQ.
201 NORTH FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602 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:** JAMES W. GOODWIN

04/28/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|------------------------------------------|-----------------|------------------------------------------|
| Title | MGR | Title | MGR |
| Name | O'KELLY, BILLY W | Name | ALLEN, JOEY L |
| Address | 201 NORTH FRANKLIN STREET, SUITE 2000 | Address | 201 NORTH FRANKLIN STREET, SUITE 2000 |
| City-State-Zip: | TAMPA FL 33602 | City-State-Zip: | TAMPA FL 33602 |
| | | | |
| Title | MGR | | |
| Name | ALLEN, RANDY L | | |
| Address | 201 NORTH FRANKLIN STREET, SUITE 2000 | | |
| City-State-Zip: | TAMPA FL 33602 | | |

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: BILLY W O'KELLY**MANAGER**

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date