

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000112611

**Entity Name:** AMANDA ALLEN LLC

**Current Principal Place of Business:**

4581 WESTON ROAD  
#200  
WESTON, FL 33331

**FILED**  
**Mar 03, 2015**  
**Secretary of State**  
**CC2440683278**

**Current Mailing Address:**

1250 BETHLEHEM PIKE  
SUITE S #310  
HATFIELD, PA 19440 US

**FEI Number:** 27-1502927

**Certificate of Status Desired:** Yes

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

JAMIE, ALLEN  
4581 WESTON ROAD  
#200  
WESTON, FL 33331 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 MGRM  
Name AMANDA, ALLEN  
Address 1250 BETHLEHEM PIKE  
SUITE S #310  
City-State-Zip: HATFIELD PA 19044

*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:** AMANDA L. ALLEN

MGRM

03/03/2015

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

\_\_\_\_\_  
Date