## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000002384

Entity Name: ALLEN CARE, LLC

**Current Principal Place of Business:** 

Current Finicipal Flace of Business.

314 BARCELONA RD

WEST PALM BEACH, FL 33401

**Current Mailing Address:** 

314 BARCELONA RD

WEST PALM BEACH. FL 33401 US

FEI Number: 14-6442769 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLEN, TIMOTHY COX 314 BARCELONA ROAD WEST PALM BEACH, FL 33401 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: TIMOTHY COX ALLEN 04/11/2024

Electronic Signature of Registered Agent

Date

FILED Apr 11, 2024

**Secretary of State** 

3720754537CC

Authorized Person(s) Detail:

Title PRE Title MGR

Name ALLEN, ROSA Name ALLEN, TIMOTHY

Address 314 BARCELONA RD Address 314 BARCELONA RD

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

Title MGR

Name ALLEN, ALEX

Address 314 BARCELONA RD

City-State-Zip: WEST PALM BEACH FL 33401

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: ALLEN, ALEX MANAGER 04/11/2024