

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000002384

**Entity Name:** ALLEN CARE, LLC

**Current Principal Place of Business:**

314 BARCELONA RD  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

314 BARCELONA RD  
WEST PALM BEACH, FL 33401

**FEI Number:** NOT APPLICABLE

**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

03/10/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PRES  
Name ALLEN, ANTHONY  
Address 314 BARCELONA RD  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name ALLEN, ROSA  
Address 314 BARCELONA RD  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name ALLEN, TIMOTHY  
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:** TIMOTHY COX ALLEN

**AGENT**

03/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date