

2016 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
1227 PARK LANE
WEST PALM BEACH, FL 33417 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

04/04/2016

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

04/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date