

2021 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 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

05/18/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRE
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

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: ROSA D TULA ALLEN**OWNER**

05/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date