

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000213025

**Entity Name:** JOHN ALLEN'S, LLC

**Current Principal Place of Business:**

201 NW 24TH PLACE  
CAPE CORAL, FL 33993

**Current Mailing Address:**

201 NW 24TH PLACE  
CAPE CORAL, FL 33993

**FEI Number: 81-4470398**

**Certificate of Status Desired: Yes**

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

HALEY, JOHN  
201 NW 24TH PLACE  
CAPE CORAL, FL 33993 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 AMBR  
Name HALEY, PATRICIA  
Address 201 NW 24TH PLACE  
City-State-Zip: CAPE CORAL FL 33993

Title AMBR  
Name HALEY, SCOTT  
Address 4317 SE 1ST AVE.  
City-State-Zip: CAPE CORAL FL 33904

Title AMBR  
Name SHIPMAN, CHRISTINE  
Address 1101 SE 15TH TER.  
City-State-Zip: CAPE CORAL FL 33990

Title AMBR  
Name HALEY, RUTH  
Address 4317 SE 1ST AVE.  
City-State-Zip: CAPE CORAL FL 33904

*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: SCOTT HALEY**

**AMBR**

**01/20/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date