

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000063402

Entity Name: ALLIED CARE SERVICES, LLC

Current Principal Place of Business:

10300 49TH STREET, N
SUITE 565
CLEARWATER, FL 33762

Current Mailing Address:

10300 49TH STREET, N
SUITE 565
CLEARWATER, FL 33762 US

FEI Number: 82-0887840

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROBINSON, JEAN
10300 49TH STREET, N
SUITE 565
CLEARWATER, FL 33762 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 MGR
Name ROBINSON, JEAN
Address 10300 49TH STREET, N
SUITE 565
City-State-Zip: CLEARWATER FL 33762

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: JEAN ROBINSON

MANAGING DIRECTOR

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date