1620 NE 56TH	ST ST SDALE, FL 33334			
Current Mai	ling Address:			
1620 NE 56 <sup>-</sup> FORT LAUD	TH ST DERDALE, FL 33334 US			
FEI Number: 82-2880550 Cert			Certificate of Status Desi	red: No
Name and A	Address of Current Registered Agent:			
HENDRIX, ALL 1620 NE 56TH FORT LAUDEF				
1620 NE 56TH FORT LAUDER	ST	stered office or regis	tered agent, or both, in the State of Flor	ida.
1620 NE 56TH FORT LAUDER The above name	ST IDALE, FL 33334 US	stered office or regis	tered agent, or both, in the State of Flor	<sup>ida.</sup> 05/01/2023
1620 NE 56TH FORT LAUDER The above name	ST RDALE, FL 33334 US d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flor	
1620 NE 56TH FORT LAUDER The above name SIGNATURE	ST RDALE, FL 33334 US d entity submits this statement for the purpose of changing its regis E: ALLYN HENDRIX	stered office or regis	tered agent, or both, in the State of Flor	05/01/2023
1620 NE 56TH FORT LAUDER The above name SIGNATURE	ST RDALE, FL 33334 US d entity submits this statement for the purpose of changing its regis E: ALLYN HENDRIX Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flor	05/01/2023
1620 NE 56TH FORT LAUDER The above name SIGNATURE	ST RDALE, FL 33334 US d entity submits this statement for the purpose of changing its regis E: <u>ALLYN HENDRIX</u> Electronic Signature of Registered Agent <b>Person(s) Detail :</b>			05/01/2023
1620 NE 56TH FORT LAUDER The above name SIGNATURE Authorized Title	ST RDALE, FL 33334 US d entity submits this statement for the purpose of changing its regis E: ALLYN HENDRIX Electronic Signature of Registered Agent Person(s) Detail : AMBR	Title	MGR	05/01/2023

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: ALLYNN L HENDRIX

Electronic Signature of Signing Authorized Person(s) Detail

AMBR

## FILED May 01, 2023 Secretary of State 8609783837CC

05/01/2023

Date

## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000194216

Entity Name: AL-LYN ONE, LLC

## Current Principal Place of Business: