

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000231514

Entity Name: ALLYRIDES LLC**Current Principal Place of Business:**2927 CARIBBEAN DRIVE
PUNTA GORDA, FL 33950**Current Mailing Address:**2927 CARIBBEAN DRIVE
PUNTA GORDA, FL 33950 US**FEI Number:** 82-3379400**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUIDO, JOSEPH G
2927 CARIBBEAN DR
PUNTA GORDA, FL 33950 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	GUIDO, JOSEPH G
Address	2927 CARIBBEAN DR
City-State-Zip:	PUNTA GORDA FL 33950

Title	SECRETARY
Name	PANDOLFI, THERESA
Address	2927 CARIBBEAN DRIVE
City-State-Zip:	PUNTA GORDA FL 33950

Title	AUTHORIZED MEMBER
Name	GUIDO, MELISSA J
Address	2927 CARIBBEAN DRIVE
City-State-Zip:	PUNTA GORDA FL 33950

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: MELISSA J GUIDO**AUTHORIZED MEMBER****04/29/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date