

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000030490

**Entity Name:** ALLOFME LLC

**Current Principal Place of Business:**

3071 KYNESVILLE RD  
COTTONDALE, FL 32431

**Current Mailing Address:**

3071 KYNESVILLE RD  
COTTONDALE, FL 32431 US

**FEI Number:** 83-3467686

**Certificate of Status Desired:** Yes

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

GARNER, MARCELLUS  
3071 KYNESVILLE RD  
COTTONDALE, FL 32431 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            GARNER, MARCELLUS  
Address        3071 KYNESVILLE RD  
City-State-Zip: COTTONDALE FL 32431

*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:** MARCELLUS GARNER

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02/20/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date