

**2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000187786

**Entity Name:** ALLIED DEVELOPMENT ENTERPRISE LLC

**Current Principal Place of Business:**

900 BISCAYNE BLVD  
UNIT 4702  
MIAMI, FL 33132

**Current Mailing Address:**

900 BISCAYNE BLVD  
UNIT 4702  
MIAMI, FL 33132 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BEHROOZIAN, NIMA  
900 BISCAYNE BLVD  
APT 4702  
MIAMI, FL 33132 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 BEHROOZIAN, NIMA  
Address 900 BISCAYNE BLVD, APT 4702  
City-State-Zip: MIAMI FL 33132

Title MGR  
Name MASMOUEI, SALMAN  
Address 7098 NE 7TH AVE  
City-State-Zip: BOCA RATON FL 33487

Title MANAGER  
Name REZAKHANI, NILOUFAR  
Address 900 BISCAYNE BLVD  
APT 4702  
City-State-Zip: MIAMI FL 33132

*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:** NIMA BEHROOZIAN

MGR

04/04/2020

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

\_\_\_\_\_  
Date