

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000187786

**Entity Name:** ALLIED CARRIER LLC

**Current Principal Place of Business:**

3500 NW 114 STREET  
MIAMI, FL 33167

**Current Mailing Address:**

900 BISCAYNE BLVD  
UNIT 5502  
MIAMI, FL 33132 US

**FEI Number:** 84-2611651

**Certificate of Status Desired:** No

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

BEHROOZIAN, NIMA  
900 BISCAYNE BLVD  
APT 5502  
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 5502  
City-State-Zip: MIAMI 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

CEO

01/05/2022

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

\_\_\_\_\_  
Date