

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000240604

**FILED**  
**Jun 30, 2020**  
**Secretary of State**  
**8980353855CC**

**Entity Name:** ALLEGIANT MANAGEMENT, LLC

**Current Principal Place of Business:**

601 BAYSHORE BLVD STE 700  
TAMPA, FL 33606

**Current Mailing Address:**

601 BAYSHORE BLVD STE 700  
TAMPA, FL 33606 US

**FEI Number:** 61-1949180

**Certificate of Status Desired:** No

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

KOCHE, DAVID L  
601 BAYSHORE BLVD STE 700  
TAMPA, FL 33606 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 IMGR  
Name KOCH, DAVID L  
Address 601 BAYSHORE BLVD STE 700  
City-State-Zip: TAMPA FL 33606

Title SI  
Name SAULS, JAMES  
Address 601 BAYSHORE BLVD STE 700  
City-State-Zip: TAMPA FL 33606

Title MGR  
Name SAULS, JAMES  
Address 601 BAYSHORE BLVD STE 700  
City-State-Zip: TAMPA FL 33606

Title SIMG  
Name COLLINS, JIM  
Address 948 SOUTHWEST DR  
City-State-Zip: DAVIDSON NC 28036

*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:** DAVID L. KOCH

**INDEPENDENT MANAGER 06/30/2020**

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

\_\_\_\_\_  
Date