

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000390093

**Entity Name:** LINEAGE TOWING LLC

**Current Principal Place of Business:**

5501 WESCONNETT BLVD  
STE 7861  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

PO BOX 7861  
JACKSONVILLE, FL 32238 US

**FEI Number:** 88-3928369

**Certificate of Status Desired:** Yes

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

ALLEN, LEBRONE  
5836 RENAULT DR W  
JACKSONVILLE, FL 32244 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	Title	AMBR
Name	ALLEN, LEBRONE	Name	ALLEN, KINSHASA
Address	5836 RENAULT DR W	Address	5836 RENAULT DR W
City-State-Zip:	JACKSONVILLE FL 32244	City-State-Zip:	JACKSONVILLE FL 32244

*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:** KINSHASA ALLEN

**CO-OWNER**

**04/30/2023**

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

\_\_\_\_\_  
Date