

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000029596

Entity Name: ALLIED PORTABLES, LLC**Current Principal Place of Business:**2700 EVANS AVE, FORT MYERS 33901
FT MYERS, FL 33916**Current Mailing Address:**P O BOX 61809
FT MYERS, FL 33906 US**FEI Number:** 26-4556128**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAYUSA, MICHAEL F
2077 FIRST STREET
SUITE 201
FORT MYERS, FL 33901 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:** MICHAEL KAYUSA

01/11/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT, TREASURER, AUTHORIZED MEMBER
Name	ADAMSON, CONNIE L
Address	2700 EVANS AVE, FORT MYERS 33901
City-State-Zip:	FORT MYERS FL 33916
Title	MGR
Name	ADAMSON, TODD
Address	2700 EVANS AVE, FORT MYERS 33901
City-State-Zip:	FORT MYERS FL 33916

Title	SECRETARY OF THE CORPORATION, MANAGER
Name	ADAMSON, MARIA M
Address	2700 EVANS AVE, FORT MYERS 33901
City-State-Zip:	FT MYERS FL 33916

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: MARIA ADAMSONSECRETARY OF THE
CORPORATION

01/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date