

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000029596

Entity Name: ALLIED PORTABLES, LLC

Current Principal Place of Business:

3770 VERONICA SHOEMAKER BLVD
FT MYERS, FL 33916

Current Mailing Address:

P O BOX 61809
FT MYERS, FL 33906 US

FEI Number: 26-4556128

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BUTLER, GAREY F
FOWLER WHITE BOGGS P.A.
2235 FIRST ST
FT 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT, TREASURER,
 AUTHORIZED MEMBER
Name ADAMSON, CONNIE L
Address 3770 VERONICA SHOEMAKER BLVD
City-State-Zip: FORT MYERS FL 33916

Title SECRETARY
Name ADAMSON, MARIA
Address 3770 VERONICA SHOEMAKER BLVD
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 ADAMSON, ALLIED PORTABLES, LLC

**SECRETARY/GENERAL
MANAGER**

03/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date