

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000095159

**Entity Name:** ALAN COLLINS, LLC

**Current Principal Place of Business:**

6917 COLLINS AVENUE  
APT #1111  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

6917 COLLINS AVENUE  
1111  
MIAMI BEACH, FL 33141 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LAW OFFICE OF LORRAINE LANCRI P.A.  
10603 NE 10TH COURT  
MIAMI SHORES, FL 33138 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           | MGRM                    |
| Name            | OBADIA, ALBERT          |
| Address         | 6917 COLLINS AVE #1111  |
| City-State-Zip: | MIAMI BEACH FL 33141    |
| Title           | MGRM                    |
| Name            | OBADIA AZANCOT, LAURA S |
| Address         | 6917 COLLINS AVE. #1111 |
| City-State-Zip: | MIAMI BEACH FL 33141    |
| Title           | MGRM                    |
| Name            | OBADIA, JEREMIE I       |
| Address         | 6917 COLLINS AVE. #1111 |
| City-State-Zip: | MIAMI BEACH FL 33141    |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGRM                    |
| Name            | CHOKRON OBADIA, ANNIE   |
| Address         | 6917 COLLINS AVE. #1111 |
| City-State-Zip: | MIAMI BEACH FL 33141    |
| Title           | MGRM                    |
| Name            | OBADIA, RAPHAEL         |
| Address         | 6917 COLLINS AVE. #1111 |
| City-State-Zip: | MIAMI BEACH FL 33141    |

*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:** OBADIA ALBERT

**PRESIDENT**

**01/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date