

2019 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 CHOKRON OBADIA, ANNIE
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, RAPHAEL
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

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

01/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date