## **2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000154581

Entity Name: ALLISON CHANCE, LLC.

**Current Principal Place of Business:** 

2456 ALEXIA CIRCLE JACKSONVILLE. FL 32246

**Current Mailing Address:** 

2456 ALEXIA CIRCLE JACKSONVILLE. FL 32246 US

FEI Number: 47-5072472 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLEN, DYER, DOPPELT + GILCHRIST, P.A. 1221 BRICKELL AVENUE SUITE 2400 MIAMI, FL 33131 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: ROBERT H. THORNBURG 04/01/2020

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGMR

Name CHANCE, ALLISON H

Address 1500 MARK THOMAS DRIVE

SIGNATURE: /S/ ALLISON CHANCE

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City-State-Zip: MONTEREY CA 93940

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.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGING MEMBER

04/01/2020

FILED Apr 01, 2020

**Secretary of State** 

7353434835CC

Date