

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000154581

**Entity Name:** ALLISON CHANCE, LLC.

**Current Principal Place of Business:**

11959 WYNNFIELD LAKES CIRCLE  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

11959 WYNNFIELD LAKES CIRCLE  
JACKSONVILLE, FL 32246 US

**FEI Number:** 47-5072472

**Certificate of Status Desired:** No

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

THORNBURG, ROBERT H  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGMR  
Name CHANCE, ALLISON H  
Address 11959 WYNNFIELD LAKES CIRCLE  
City-State-Zip: JACKSONVILLE FL 32246

*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:** ALLISON H. CHANCE

MGMR

03/21/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date