

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000036463

**Entity Name:** ALLISONS BEACH HOUSE LLC

**Current Principal Place of Business:**

280 NORTH COUNTRY CLUB BLVD  
BOCA RATON, FL 33487

**Current Mailing Address:**

280 NORTH COUNTRY CLUB BLVD  
BOCA RATON, FL 33487 US

**FEI Number:** 45-2658675

**Certificate of Status Desired:** No

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

GRIEK, ALLISON  
280 NORTH COUNTRY CLUB BLVD  
BOCA RATON, FL 33487 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	MGR	Title	AMBR
Name	GRIEK, ALLISON	Name	GRIEK, CHRISTOPHER
Address	280 NORTH COUNTRY CLUB BLVD	Address	280 NORTH COUNTRY CLUB BLVD
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487

*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 M GRIEK

O

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date