

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000186811

**Entity Name:** ALLISON BROOKE LLC

**Current Principal Place of Business:**

975 NW FLAGLER AVE  
APT 305  
STUART, FL 34994

**Current Mailing Address:**

975 NW FLAGLER AVE  
APT 305  
STUART, 34994 UN

**FEI Number:** 85-1901938

**Certificate of Status Desired:** No

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

BETTENCOURT, ALLISON B  
975 NW FLAGLER AVE, APT305  
STUART, FL 34994 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  
Name BETTENCOURT, ALLISON BROOKE  
Address 975 NW FLAGLER AVE, APT 305  
City-State-Zip: STUART FL 34994

*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 BETTENCOURT

**MANAGER**

**05/01/2024**

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

\_\_\_\_\_  
Date