

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000228438

**Entity Name:** ALLAN COVINGTON PLLC

**Current Principal Place of Business:**

1689 ASTON HALL CT.  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

1689 ASTON HALL CT.  
JACKSONVILLE, FL 32246 DU

**FEI Number:** 88-2513264

**Certificate of Status Desired:** No

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

COVINGTON, ALLAN S  
1689 ASTON HALL CT.  
JACKSONVILLE, FL 32246 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	AP	Title	AP
Name	COVINGTON, ALLAN S	Name	COVINGTON, JILL S
Address	1689 ASTON HALL CT	Address	1689 ASTON HALL CT
City-State-Zip:	JACKSONVILLE FL 32246	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:** ALLAN S COVINGTON

**CHAIRMAN**

**02/21/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date