2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# L07000104968

Entity Name: TROY PARNELL LLC

Current Principal Place of Business:

3922 ROGERS ST
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3922 ROGERS ST
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 26-1244523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PARNELL, TROY
3922 ROGERS ST
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	PARNELL, TROY	
Address:	3922 ROGERS ST	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	MGRM	( ) Delete
Name:	PARNELL, KATHLEEN A	
Address:	3922 ROGERS ST	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	MGRM	( ) Delete
Name:	PARNELL, JOHN C	
Address:	674 MOSSY BRANCH CT	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	MGRM	( ) Delete
Name:	PARNELL, JEFFERSON A	
Address:	12418 MCGREGOR WOODS CIRCLE	
City-St-Zip:	FORT MYERS, FL 33908	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TROY PARNELL PRES 05/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date