

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M98000000542

Entity Name

PARSONS VILLAGE STATION LLC



FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91262 001 ***200.00

Principal Place of Business

**10 MARTIN LUTHER KING
JEFFNER FL 33584**

Mailing Address

**11690 GROOMS RD.
CINCINNATI OH 45242**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1598100**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEES \$150.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM PHILLIPS, MICHAEL C 4440 LAKE FOREST DRIVE, SUITE 110 CINCINNATI OH 45242 <input checked="" type="checkbox"/> Delete		
MGRM EDISON, JEFFREY S 1000 LANCASTER STREET, SUITE 420 BALTIMORE MD 21202 <input checked="" type="checkbox"/> Delete		
MGRM EDISON, PHILLIPS & CO 11690 GROOMS RD. CINCINNATI OH 45242 <input type="checkbox"/> Delete		
<input type="checkbox"/> Delete		
<input type="checkbox"/> Delete		
<input type="checkbox"/> Delete		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #