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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY PARKER

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent	
Lieutonic Signature of Registered Agent	

## **Officer/Director Detail :**

SIGNATURE: TIMOTHY PARKER

Title	MANAGING MEMBER	Title	MANAGING MEMBER				
Name	PARKER, TIMOTHY A	Name	RIOS, MELANIE				
Address	P.O. BOX 450251	Address	P.O. BOX 450251				
City-State-Zip:	KISSIMMEE FL 34745	City-State-Zip:	KISSIMMEE FL 34745				

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.

<u>2021</u>	FLORIDA	PROFIT	CORPOR	RATION A	NNUAL	<b>REPORT</b>

DOCUMENT# P19000044322

Entity Name: PROJECT PARKER, LLC

# **Current Principal Place of Business:**

6620 SOUTHPOINT DRIVE S SUITE 511 JACKSONVILLE, FL 32216

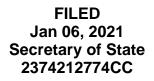
### **Current Mailing Address:**

P.O. BOX 450251 KISSIMMEE, FL 34745 US

## FEI Number: 84-2485884

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

PARKER, TIMOTHY 6620 SOUTHPOINT DRIVE S SUITE 511 JACKSONVILLE, FL 32216 US



01/06/2021 Date

Certificate of Status Desired: No

MANAGING MEMBER

01/06/2021 Date