

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000008577

**Entity Name:** ALDEN PARKES, LLC

**Current Principal Place of Business:**

4190 BELFORT ROAD  
SUITE 350  
JACKSONVILLE, FL 32216-1419

**Current Mailing Address:**

4190 BELFORT ROAD  
SUITE 350  
JACKSONVILLE, FL 32216-1419 US

**FEI Number:** 20-2287972

**Certificate of Status Desired:** No

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

BIERNACKI, RAY  
BIERNACKI & BIERNACKI, PA  
2667 ENTERPRISE ROAD  
DELTONA, FL 32763 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 MR.  
Name MCARDLE, KHRYS R  
Address 4190 BELFORT ROAD #350  
City-State-Zip: JACKSONVILLE FL 32216

Title MRS.  
Name MCARDLE, LYNNE D  
Address 4190 BELFORT ROAD #350  
City-State-Zip: JACKSONVILLE FL 32216

*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:** KHRYS MCARDLE

VP

05/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date