

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000012479

**Entity Name:** PAR ACQUISITIONS, LLC**Current Principal Place of Business:**4004 RAINES ROAD  
BROOKSVILLE, FL 34604**Current Mailing Address:**4004 RAINES ROAD  
BROOKSVILLE, FL 34604**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUNNICUTT, HOMER EJR  
4004 RAINES ROAD  
BROOKSVILLE, FL 34604 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	PTD
Name	HUNNICUTT, HOMER EJR
Address	4004 RAINES ROAD
City-State-Zip:	BROOKSVILLE FL 34604

Title	VSD
Name	HUNNICUTT, EARLE B
Address	4004 RAINES ROAD
City-State-Zip:	BROOKSVILLE FL 34604

Title	VD
Name	HORNE, SEITH J
Address	4004 RAINES ROAD
City-State-Zip:	BROOKSVILLE FL 34604

Title	DAS
Name	HUNNICUTT, NANCY G
Address	4004 RAINES ROAD
City-State-Zip:	BROOKSVILLE FL 34604

*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:** EARLE B HUNNICUTT

VSD

03/16/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date