

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000060639

**Entity Name:** PARROTT HOLDINGS, LLC**Current Principal Place of Business:**1933 W. COUNTY ROAD 419  
OVIEDO, FL 32766**Current Mailing Address:**1933 W. COUNTY ROAD 419  
OVIEDO, FL 32766 US**FEI Number:** 26-2882851**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARROTT, NATHAN TMGR  
1933 W. COUNTY ROAD 419  
OVIEDO, FL 32766 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           | MGR                     |
| Name            | PARROTT, NATHAN T       |
| Address         | 1933 W. COUNTY ROAD 419 |
| City-State-Zip: | OVIEDO FL 32766         |

|                 |                         |
|-----------------|-------------------------|
| Title           | S                       |
| Name            | PARROTT, CARMELA S      |
| Address         | 1933 W. COUNTY ROAD 419 |
| City-State-Zip: | OVIEDO FL 32766         |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGR                     |
| Name            | PARROTT, CARMELA S      |
| Address         | 1933 W. COUNTY ROAD 419 |
| City-State-Zip: | OVIEDO FL 32766         |

|                 |                         |
|-----------------|-------------------------|
| Title           | T                       |
| Name            | PARROTT, NATHAN T       |
| Address         | 1933 W. COUNTY ROAD 419 |
| City-State-Zip: | OVIEDO FL 32766         |

*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:** NATHAN PARROTT

MGR

03/16/2017

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