2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096580

Entity Name: ALEX PARENT, EA, LLC

____, ___, ___, ___, ____, ____

Current Principal Place of Business:

9355 113TH ST N UNIT 3021 SEMINOLE, FL 33775

Current Mailing Address:

P.O. BOX 3021

SEMINOLE, FL 33775-3021 US

FEI Number: 30-0510318 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARENT, ALEX 9809 84TH WAY SEMINOLE, FL 33777 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

FILED Feb 03, 2022

Secretary of State

5727131290CC

Authorized Person(s) Detail:

Title MGRM

Name PARENT, ALEX PARENT

Address 9355 113TH ST N

UNIT 3021

City-State-Zip: SEMINOLE FL 33775

SIGNATURE: ALEX PARENT

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.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGING MEMBER

02/03/2022

Date