

**2023 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

**Authorized Person(s) Detail :**

Title MGRM  
Name PARENT, ALEX PARENT  
Address 9355 113TH ST N  
UNIT 3021  
City-State-Zip: SEMINOLE FL 33775

*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:** ALEX PARENT \_\_\_\_\_

MANAGER MEMBER

01/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date