

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000173042

**Entity Name:** SHERRON PARRISH LLC

**Current Principal Place of Business:**

3541 SW 144TH AVE  
MIRAMAR, FL 33027

**Current Mailing Address:**

P.O. BOX 278422  
MIRAMAR, FL 33027 US

**FEI Number:** 47-3878246

**Certificate of Status Desired:** Yes

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

PARRISH, SHERRON  
6741 PEMBROKE RD.  
PEMBROKE PINES, FL 33023 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 AMBR  
Name PARRISH, SHERRON  
Address 3541 SW 144TH AVE  
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR  
Name PARRISH, CARL D JR.  
Address 6741 PEMBROKE RD  
City-State-Zip: PEMBROKE PINES FL 33023

*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:** SHERRON PARRISH

**PRESIDENT**

**03/16/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date