

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000206161

Entity Name: PARYCO. LLC.**Current Principal Place of Business:**4702 SW 185TH AVE
MIRAMAR, FL 33029**Current Mailing Address:**4702 SW 185TH AVE
MIRAMAR, FL 33029 US**FEI Number:** 81-4965149**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONOVER, PAUL M
4702 SW 185TH AVE
MIRAMAR, FL 33029 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	CONOVER, PAUL M
Address	4702 SW 185TH AVE
City-State-Zip:	MIRAMAR FL 33029

Title	AMBR
Name	KLEYMAN, GARY
Address	52 GOODLUCK ST
City-State-Zip:	EDISON NJ 08820

Title	AMBR
Name	REINBOLD, CLAUDIA
Address	5851 WASHINGTON ST. APT 86
City-State-Zip:	HOLLYWOOD FL 33023

Title	AMBR
Name	FERNANDEZ, CESAR
Address	14950 SW 74 TERRACE
City-State-Zip:	MIAMI FL 33193

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: PAUL CONOVER

AMBR

01/29/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date