

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000022520

**Entity Name:** BARBRA PARKER SERVICES LLC

**Current Principal Place of Business:**

4730 NOLAN RD  
SANFORD, FL 32773

**Current Mailing Address:**

4730 NOLAN RD  
SANFORD, FL 32773 US

**FEI Number:** 81-5409853

**Certificate of Status Desired:** No

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

PARKER, BARBRA A  
4730 NOLAN RD  
SANFORD, FL 32773 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 PARKER, BARBRA A  
Address 4730 NOLAN RD  
City-State-Zip: SANFORD FL 32773

Title MANAGER  
Name WICKHAM, CHRISTIAN LEE  
Address 4147 GA HIGHWAY 19 S  
City-State-Zip: GLENWOOD GA 30428

*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:** BARBRA PARKER

AMBR

01/11/2023

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

\_\_\_\_\_  
Date