

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000126675

**Entity Name:** PARSECS73 LLC

**Current Principal Place of Business:**

804 LINCOLN DRIVE  
MONTICELLO, IL 61856

**Current Mailing Address:**

804 LINCOLN DRIVE  
MONTICELLO, IL 61856

**FEI Number:** 82-1824414

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGR  
Name 11 PARSECS MANAGEMENT LLC  
Address 804 LINCOLN DRIVE  
City-State-Zip: MONTICELLO IL 61856

Title PRINCIPAL PARTNER  
Name O'NAN, DAN R  
Address 804 LINCOLN DRIVE  
City-State-Zip: MONTICELLO IL 61856

Title PRINCIPAL PARTNER  
Name ONAN, PATRICIA A  
Address 804 LINCOLN DRIVE  
City-State-Zip: MONTICELLO IL 61856

Title PRINCIPAL PARTNER  
Name ONAN, LIZABETH J  
Address 55 RIVERWALK PLACE  
APT. 925  
City-State-Zip: WEST NEW YORK NJ 07093

Title PRINCIPAL PARTNER  
Name ONAN, SEAN G  
Address 55 RIVERWALK PLACE  
APT. 925  
City-State-Zip: WEST NEW YORK NJ 07093

*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:** DAN R. ONAN

**PRINCIPAL PARTNER**

**01/02/2019**

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

\_\_\_\_\_  
Date