

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000307098

**Entity Name:** PARSEC PRIME LLC

**Current Principal Place of Business:**

15670 SW 77TH TER  
APT 11  
MIAMI, FL 33193

**FILED**  
**Mar 01, 2021**  
**Secretary of State**  
**9958276259CC**

**Current Mailing Address:**

15670 SW 77TH TER  
APT 11  
MIAMI, FL 33193 US

**FEI Number: 85-3225293**

**Certificate of Status Desired: No**

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

GARCIA SARAZOLA, ALBERTO  
9830 SW 157TH TERRACE  
MIAMI, FL 33157 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	Title	AUTHORIZED MEMBER
Name	GARCIA SARAZOLA, ALBERTO	Name	HE, HUEI-NENG
Address	9830 SW 157TH TERRACE	Address	15670 SW 77TH TER APT 11
City-State-Zip:	MIAMI FL 33157	City-State-Zip:	MIAMI FL 33193
Title	AUTHORIZED MEMBER		
Name	SMITH, CARLYLE		
Address	15670 SW 77TH TER APT 11		
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: ALBERTO GARCIA SARAZOLA**

**MGR**

**03/01/2021**

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

\_\_\_\_\_  
Date