

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000527398

**Entity Name:** PARLOR HODGES RD LLC

**Current Principal Place of Business:**

163 HICKORY HILL DRIVE  
ST AUGUSTINE, FL 32095

**Current Mailing Address:**

163 HICKORY HILL DRIVE  
ST AUGUSTINE, FL 32095

**FEI Number:** 87-4060472

**Certificate of Status Desired:** No

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

PAYNE, LARRY  
163 HICKORY HILL DRIVE  
ST AUGUSTINE, FL 32095 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 MM  
Name PAYNE, LARRY  
Address 163 HICKORY HILL DRIVE  
City-State-Zip: ST AUGUSTINE FL 32095

Title MM  
Name CERQUEIRA, ATILLIO  
Address 95 N ROSCOE BLVD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MM  
Name RYAN, WILLIAM  
Address 2016 SEAGATE AVE  
City-State-Zip: NEPTUNE BEACH FL 32266

Title MM  
Name ATKINS, JOHN  
Address P.O. BOX 51262  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** LARRY PAYNE

**MANAGING MEMBER**

**03/07/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date