

**2023 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B22000000492

**Entity Name:** PAROLISI FAMILY PARTNERSHIP, L.P.

**Current Principal Place of Business:**

559 ALVERSON AVE.  
STATEN ISLAND, NY 10309

**Current Mailing Address:**

559 ALVERSON AVE.  
STATEN ISLAND, NY 10309

**FEI Number: 13-3933517**

**Certificate of Status Desired: Yes**

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

INCORPORATING SERVICES, LTD.  
1540 GLENWAY DR.  
TALLAHASSEE, FL 32301 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

**General Partner Detail :**

Document #

Name PHILLIPS, CINDY A

Address 559 ALVERSON AVE.

City-State-Zip: STATEN ISLAND NY 10309

*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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CINDY A. PHILLIPS**

**GENERAL PARTNER**

**02/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date