

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013421

FILED  
Mar 30, 2009  
Secretary of State

**Entity Name:** PARROTT DESIGN & ENGINEERING, L.L.C.

**Current Principal Place of Business:**

5029 SE HORSESHOE POINT RD  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

5029 SE HORSESHOE POINT RD  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 65-1049550

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARROTT, ROBERT A IV  
5029 S.E. HORSESHOE POINT RD.  
STUART, FL 34997 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PARROTT, ROBERT A IV  
Address: 5029 SE HORSESHOE POINT RD  
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Delete  
Name: PARROTT, CAMILLE  
Address: 5029 SE HORSESHOE POINT RD  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROBERT A. PARROTT IV

MGRM

03/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date