

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

01-24-2002 90354 044 ****50.00
 07-30-2002 90001 047 ****55.00

971503



DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000006609

1. Entity Name

RED PARROT PROPERTIES, LLC



Principal Place of Business

Mailing Address

% MIKE WILSON
 301 SE 4TH STREET
 POMPANO BEACH FL 33060

% MIKE WILSON
 301 SE 4TH STREET
 POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

651101898

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIGLER, KAREN
499 NW 70TH AVE., #105
PLANTATION FL 33317

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME **MGRM**
 STREET ADDRESS **MIKE WILSON**
 CITY-ST-ZIP **301 SE 4th**
POMPANO BEACH FL. 33060

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME **MGRM**
 STREET ADDRESS **HARRY HENNINGSEN**
 CITY-ST-ZIP **261 SE 4th**
POMPANO BEACH FL. 33060

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Harry Henningsen
 HENNINGSEN MGRM

7/24/02 954 899 8292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)