

FILED
Apr 23, 2003 8:00 am
Secretary of State

DOCUMENT # L01000014714

PARKER LENDING, L.L.C.



9400 GLADIOLUS DRIVE
SUITE 250
FORT MYERS FL 33908
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For	
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Not Applicable

☐ **\$5.00** Additional
Fee Required

7. Name and Address of New Registered Agent

Andrew Service Corporation of Florida

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

201 N. Franklin Street

Suite 2100

City
Tampa

FL

Zip Code

33602

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, 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 Florida Department of State
Due By May 1, 2003**

10.	ADDITIONS/CHANGES
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	.	
STREET ADDRESS	.	
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

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

Date _____

Daytime Phone #

CR2E083 (10/02)