8/27/2003-90057-011-$50.00-$50.00

FILED

03 OCT -1 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55056921

[redacted]

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT

DOCUMENT # L02000007320

1. Entity Name

PARKES SERVICES, LLC

Principal Place of Business	Mailing Address
721 BRUCE AVENUE CLEARWATER FL 33767	721 BRUCE AVENUE CLEARWATER FL 33767

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
740 LANTANA AVE.		740 LANTANA AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CLEARWATER BEACH, FL		City & State: CLEARWATER BEACH, FL	
Zip: 33767	Country: USA	Zip: 33767	Country: USA

4. FEI Number: 61-0481503 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, MARTIN S
7746 66TH STREET NORTH
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MANAGING MEMBER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MICHAEL PARKES	NAME	
STREET ADDRESS	740 LANTANA AVE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	CITY-ST-ZIP	
TITLE	Managing Member ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MICHELLE PARKES	NAME	
STREET ADDRESS	740 LANTANA AVE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (4/03)

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: SIGNATURE REQUIRED   8-21-03   727 446-1844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #