

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90194 027 \*\*\*\*50.00

**DOCUMENT # L02000014432**



1. Entity Name

PARRISH FIBER OPTIC SERVICE LLC

Principal Place of Business

5205 CR 21  
HAWTHORNE FL 32640

Mailing Address

PO BOX 2229  
HAWTHORNE FL 32640

2. Principal Place of Business

520 South CR 21

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hawthorne, FL

City & State

Zip  
32640

Country  
US

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

59-3650936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARRISH, STEVE  
5205 CR 21  
HAWTHORNE FL 32640

7. Name and Address of New Registered Agent

Name

Parrish, Steve

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

520 South CR 21

City

Hawthorne

FL

Zip Code

32640

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 Florida Department of State**

**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
PARRISH, STEPHEN T  
P.O. BOX 2229 N.A.  
HAWTHORNE FL 32640 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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10. ADDITIONS / CHANGES

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Steve Parrish

1-23-06

352-546-5819

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

Date

Daytime Phone #