

FROM : EMILIANI*

FAX NO. : 3053648579

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90140 047 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L02000020094					
1. Entity Name PARENT MANAGEMENT, LLC					
Principal Place of Business 1437 SOUTH FEDERAL HIGHWAY DANIA BEACH, FL 33004 --US--			Mailing Address <i>To Jairo Emiliani</i> 6430 WEST 24TH COURT HIALEAH, FL 33016		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 22-3878916				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent EMILIANI, JAIRO 6430 WEST 24TH COURT HIALEAH, FL 33016			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 Signature typed or printed name of agent and registered agent, if applicable (NOTE: Registered Agent signature required when renewing) DATE					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER DIRECTOR BORTZ, MARIO 1437 SOUTH FEDERAL HIGHWAY DANIA BEACH, FL 33004		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 808, Florida Statutes.					
SIGNATURE: <i>[Signature]</i>			Date: <i>05-03-04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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