

FILED

04 JUL 19 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000030148

1. Entity Name
LAWRENCE, PARKER & NEIGHBORS, LLC

Principal Place of Business

101 EAST UNION STREET
SUITE 200
JACKSONVILLE, FL 32202 US

Mailing Address

101 EAST UNION STREET
SUITE 200
JACKSONVILLE, FL 32202 US

MJH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004

Chg-LLC

CR2E083 (10/03)

7/19

City & State

City & State

4. FEI Number

37-450263

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PARKER, AVA L ESQ.
101 EAST UNION STREET
SUITE 200
JACKSONVILLE, FL 32202

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

Filing Fee is \$50.00
Due by May 1, 2004Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM	PARKER, AVA L ESQ.	101 EAST UNION STREET, SUITE 200 JACKSONVILLE, FL 32202				
	MGRM	NEIGHBORS, KENNETH M ESQ.	127 PEACHTREE STREET, SUITE 555 ATLANTA, GA 30309				
	MGRM	LAWRENCE, NOEL	101 EAST UNION STREET, SUITE 200 JACKSONVILLE, FL 32202				

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:

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

Date

Daytime Phone #