

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033624

FILED
Apr 06, 2009
Secretary of State

Entity Name: PARKSIDE PLAZA LC

Current Principal Place of Business:

350 S. FITZPATRICK AVE.
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

350 S. FITZPATRICK AVE,
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 20-0303469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERDOWSI, MOHAMMAD E
350 S. FITZPATRICK AVE,
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FERDOWSI, MOHAMMAD E
Address: 350 S. FITZPATRICK AVE,
City-St-Zip: INVERNESS, FL 34453

Title: DIR () Delete
Name: FERDOWSI, BLANCA I
Address: 350 S. FITZPATRICK AVE
City-St-Zip: INVERNESS, FL 34453

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: FERDOWSI, NADIA
Address: 2870 SW. 39TH. AVE.
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FERDOWSI

MGRM

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date