

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 03, 2006 08:00 AM  
Secretary of State

DOCUMENT # L04000024853

1. Entity Name  
TOMMY PARSONS, LLC



Principal Place of Business  
2550 BEE BRANCH LKS DR  
LABELLE FL 33935

Mailing Address  
2550 BEE BRANCH LKS DR  
LABELLE FL 33935



2. Principal Place of Business  
Suite, Apt. #, etc. NO CHANGE  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc. NO CHANGE  
City & State  
Zip Country

1st MOORE CR2E083 (10/05)

4. FEI Number 20-1055457 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
PARSONS, TOMMY  
2550 BEE BRANCH LKS DR  
LABELLE FL 33935

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
NO CHANGE  
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 \_\_\_\_\_ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARSONS, TOMMY 2550 BEE BRANCH LKS DR LABELLE FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000416067 <input type="checkbox"/> Change <input type="checkbox"/> Add 02/11/06-80109-022 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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: Tommy Parsons Tommy PARSONS 2-1-06 863-675-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #