

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000024853



1. Entity Name
TOMMY PARSONS, LLC

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



2. Principal Place of Business - No P.O. Box # **N/A**
Suite, Apt. #, etc

3. Mailing Address **N/A**
Suite, Apt. #, etc

City & State

City & State

4. FEI Number **20-1055457**

Applied For
Not Applicable

Zip Country

Zip Country

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

1st MOORE CR2E083 (10/06)

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 **N/A**
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 resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| 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 | | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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NONE

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01/24/07-80079-014 50.00

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.