

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000035988 1. Entity Name PARROT DELIVERY SERVICES, L.L.C.	
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Principal Place of Business 5344 MERKIN PLACE NEW PORT RICHEY, FL 34655	Mailing Address 5344 MERKIN PLACE NEW PORT RICHEY, FL 34655
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04282006 No Chg-LLC

CR2E083 (1/1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0650361

Applied For
Not Applicable

5. Certificate of Status Desired

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**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MATHIS, DAVID
5344 MERKIN PLACE
NEW PORT RICHEY, FL 34655

**DO NOT WRITE
IN THIS SPACE**

7. 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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS

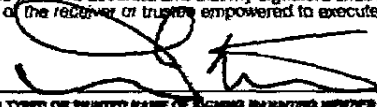
TITLE	MGRM
NAME	MATHIS, DAVID
STREET ADDRESS	5344 MERKIN PLACE
CITY- ST- ZIP	NEW PORT RICHEY, FL 34655
TITLE	MGRM
NAME	MATHIS, JOAN
STREET ADDRESS	5344 MERKIN PLACE
CITY- ST- ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/12/06-80020-010 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 of the recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



DAVID MATHIS

4-28-06

727
919-0318

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

Date

Daytime Phone #