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.

Principal Place of Business	Mailing Address
5344 MERKIN PLACE NEW PORT RICHEY, FL 34655	5344 MERKIN PLACE NEW PORT RICHEY, FL 34655

DO NOT WRITE IN THIS SPACE

04282006No Chg-LLC CR2E083 (11/05)

4. FEI Number
81-0650361
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, 2006

9. 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	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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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 or the receiver 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 MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #