

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90192 040 ****50.00

DOCUMENT # L04000055454

1. Entity Name
PARKER BROTHERS ENTERPRISES, LLC



Principal Place of Business
PO BOX 510694
MELBORNE BEACH, FL 32951 US

Mailing Address
PO BOX 510694
MELBORNE BEACH, FL 32951 US

60020211



2. Principal Place of Business - No P.O. Box #
1112 W - NEW HAVEN AVE

3. Mailing Address
1112 W - NEW HAVEN AVE

Suite, Apt. #, etc.

01312007 Chg-LLC CR2E083 (12/06)

City & State
MELBOURNE FL

City & State
MELBOURNE FL

Zip
32904

Country
USA

Zip
32904

Country
USA

4. FEI Number
20-1474895

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOMMERS, THERESA
5316 8TH STREET
ZEPHYRHILLS, FL 33542

Name
SHAWN PARKER

Street Address (P.O. Box Number is Not Acceptable)
1903 S. ATLANTIC ST

City
MELBOURNE BEACH FL

Zip Code
32951

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 SHAWN Parker 2-23-07

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
PARKER, SHAWN
PO BPW 610694
MELBORNE BEACH, FL 32951

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
PARKER, TIMOTHY
340 BAHAMA DR.
INDOANLANTIC, FL 32903

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
PARKER, TERRY
2667 COOLIDGE ST.
HOLLYWOOD, FL 33020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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: SHAWN PARKER

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

2-23-07 956-4000 (321)

Date Daytime Phone #