2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000055454

1. Entity Name
PARKER BROTHERS ENTERPRISES, LLC

Principal Place of Business
1112 W- NEW HAVEN AVE.
MELBOURNE, FL 32904 US

Mailing Address
1112 W- NEW HAVEN AVE.
MELBOURNE, FL 32904 US

03142008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

PARKER, SHAWN
1903 S. ATLANTIC ST.
MELBOURNE BEACH, FL 32951

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000869846
04/09/08-80066-023 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PARKER, SHAWN
STREET ADDRESS	PO BPW 610694
CITY-ST-ZIP	MELBORNE BEACH, FL 32951
TITLE	MGR
NAME	PARKER, TIMOTHY
STREET ADDRESS	340 BAHAMA DR.
CITY-ST-ZIP	INDOANLANTIC, FL 32903
TITLE	MGR
NAME	PARKER, TERRY
STREET ADDRESS	2667 COOLIDGE ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33020
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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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: _____ 3/14/08 321-956-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #