2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000071559

1. Entity Name PARSON COMPANY LLC



FILED Apr 12, 2007 08:00 A Secretary of State

Principal Place of Business

1364 LAWNDALE RD TALLAHASSEE, FL 32317 Mailing Address

1364 LAWNDALE RD TALLAHASSEE, FL 32317



04032007 No Chg-LLC

CR2E083 (11/05)

6 7	~~	
20-4161554		Not Applicable
4. FEI Number		Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ORTIZ. MAURICIO

1364 LAWNDALE RD TALLAHASSEE, FL 32317		IN THIS SPACE	
	itions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
F	Signeture, typed or printed name of registered agent and little if applicable. (NOTE. Registered litting Fee is \$50.00 ue by May 1, 2007	Agent signature required when reinstating) DATE	
9. TITLE	MANAGING MEMBERS/MANAGERS MGRM		
NAME	ORTIZ, MAURICIO		
STREET ADDRESS	1364 LAWNDALE RD	•	
CITY-ST-ZIP	TALLAHASSEE, FL 32317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000702578 04/20/07-80105-003 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		
TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filling 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 execution of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the execution of the execution of the limited liability company or the execution of the limited liability company or the execution of the limited liability company or the execution of the execution of the limited liability company or the execution of the execution of

SIGNATURE: :

CITY-ST-ZIP

INTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE