


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90102 015 ****55.00

DOCUMENT # L04000090406	
1. Entity Name PARRISH FRAMING LLC	

Principal Place of Business 15039 NW MAGNOLIA CHURCH ROAD ALTHA FL 32421 US	Mailing Address 15039 NW MAGNOLIA CHURCH ROAD ALTHA FL 32421 US
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2. Principal Place of Business 15039 NW Magnolia ch. rd.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Altha Fla.	City & State
Zip 32421	Country USA

4. FEI Number
20-2219415

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

1st MOORE CR2E083 (10/04)

☒ Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent PARRISH, MARTIN F 15039 NW MAGNOLIA CHURCH ROAD ALTHA, FL 32421	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 Martin F Parrish (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARRISH, DEBRA L. 15039 NW MAGNOLIA CHURCH ROAD ALTHA FL 32421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARRISH, MARTIN F 15039 NW MAGNOLIA CHURCH ROAD ALTHA FL 32421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Martin F Parrish Martin F. Parrish May 6 850-674-4004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #