

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90196 006 ****50.00

DOCUMENT # L05000002075

1. Entity Name

PARKES INVESTMENTS LLC



Principal Place of Business

Mailing Address

1543 SO HIGHLAND AVE
CLEARWATER FL 33756
US

P O BOX 8386
SEMINOLE FL 33775-8386
US

2. Principal Place of Business - No P.O. Box #

873 West Bay PK

3. Mailing Address

Suite, Apt. #, etc.

224

Suite, Apt. #, etc.

City & State

Largo FLA 33770

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2123576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TOPOLOSKY, JAN
1543 SO HIGHLAND AVE
CLEARWATER FL 33756

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: KATZ, LOU
STREET ADDRESS: 1543 SOUTH HIGHLAND AVE
CITY ST ZIP: CLEARWATER FL 33756 ☐ Delete

TITLE: ☐ Delete
NAME:
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10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
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NAME:
STREET ADDRESS:
CITY ST ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

1-21-07 727-442-6262