

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90195 009 ****50.00

DOCUMENT # L05000119995

1. Entity Name

PARROT BAY, LLC



Principal Place of Business

292 BUTONWOOD STATES DR
KEY LARGO FL 33037
US

Mailing Address

292 BUTONWOOD SHORES DRIVE
KEY LARGO FL 33037
US



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

292 BUTONWOOD SHORES DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

KEY LARGO FL

City & State

4. FEI Number

20-4733042

Applied For

Not Applicable

Zip

33037

Country

USA

Zip

Country

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

PROSEK, GAIL
292 BUTONWOOD SHORES DRIVE
KEY LARGO FL 33037

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 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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME PROSEK, FRANK
STREET ADDRESS 292 BUTONWOOD SHORES DRIVE
CITY ST ZIP KEY LARGO FL 33037

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE MGRM ☐ Delete
NAME PROSEK, GAIL
STREET ADDRESS 292 BUTONWOOD SHORES DRIVE
CITY ST ZIP KEY LARGO FL 33037

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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:

Gail A. Prosek MGRM
GAIL A. PROSEK

2/5/07

305-451-4688

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

Date

Daytime Phone #