

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095751

Entity Name: PARRISH CAPITOL, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

12334 N US HWY 301
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

P O BOX 587
PARRISH, FL 34219

New Mailing Address:

FEI Number: 20-5630287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WALDEN, DONNA D
16425 STATE ROAD 62
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

WALDEN, DONNA D
16121 STATE ROAD 62
PARRISH, FL 34219 US

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.

SIGNATURE: DONNA D WALDEN

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALDEN, DONNA D
Address: 16425 STATE ROAD
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WALDEN, DONNA D
Address: 16121 STATE ROAD
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONNA D WALDEN

MGRM

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date