

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001737

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** PARSONS-WILSON GUIDED IMAGERY CONSULTING, LLC

**Current Principal Place of Business:**

10460 ROOSEVELT BLVD. NORTH, PMB 388  
ST. PETERSBURG, FL 337163821

**New Principal Place of Business:**

**Current Mailing Address:**

10460 ROOSEVELT BLVD. NORTH, PMB 388  
ST. PETERSBURG, FL 337163821

**New Mailing Address:**

PO BOX 66148  
ST. PETERSBURG, FL 337366148

**FEI Number:** 20-8179523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'CONNOR, PATRICK M ESQ.  
C/O O'CONNOR & ASSOCIATES  
1250 S. BELCHER ROAD, SUITE 160  
LARGO, FL 33771 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRS ( ) Delete  
Name: PARSONS, ELENA A  
Address: 610 78TH AVENUE  
City-St-Zip: ST PETE BEACH, FL 337061716 US

Title: MR ( ) Delete  
Name: WILSON, GREGORY S  
Address: 610 78TH AVENUE  
City-St-Zip: ST PETE BEACH, FL 337061716 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** GREGORY WILSON

MR.

04/29/2009

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