

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 22, 2008 8:00 am**  
**Secretary of State**

08-22-2008 90011 015 \*\*\*138.75

<b>DOCUMENT # L07000037372</b>	
1. Entity Name PARALLEL MARKETING SERVICES, LLC.	

Principal Place of Business 1909 SUMMER CLUB DR. SUITE 115 OVIEDO, FL 32765 US	Mailing Address 1909 SUMMER CLUB DR. SUITE 115 OVIEDO, FL 32765 US
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2. Principal Place of Business - No P.O. Box # 932 N. Maitland Ave Suite, Apt. #, etc. Suite B City & State Maitland FL Zip 32751 Country USA	3. Mailing Address 932 N. Maitland Ave Suite, Apt. #, etc. Suite B City & State Maitland FL Zip 32751 Country USA
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08192008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8798523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FABIAN, SHELLY 932 N. MAITLAND BLVD STE. B MAITLAND, FL 32751	7. Name and Address of New Registered Agent Name Shelly Fabian Street Address (P.O. Box Number is Not Acceptable) 932 N. Maitland Ave Suite B City Maitland FL Zip Code 32751
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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 Shelly Fabian MGRM Shelly Fabian 8/19/08  
Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when reissuing) DATE

<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FABIAN, SHELLY <u>AR.</u> 932 N. MAITLAND BLVD STE. B MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Avenue</u>
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
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
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 exemptions contained in Chapter 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: Shelly Fabian MGRM Shelly Fabian 8/19/08 407-517-4855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #