

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000037372

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** PARALLEL MARKETING SERVICES, LLC.

**Current Principal Place of Business:**

932 N. MAITLAND AVE  
SUITE B  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

932 N. MAITLAND AVE  
SUITE B  
MAITLAND, FL 32751 US

**New Mailing Address:**

**FEI Number:** 20-8798523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FABIAN, SHELLY  
932 N. MAITLAND BLVD  
STE.B  
MAITLAND, FL 32751 US

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

FABIAN, SHELLY  
932 N. MAITLAND AVENUE  
SUITE B  
MAITLAND, FL 32751 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:

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FABIAN, SHELLY  
Address: 932 N. MAITLAND AVE, STE B  
City-St-Zip: MAITLAND, FL 32751 US

**ADDITIONS/CHANGES:**

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: SHELLY FABIAN

MGM

04/29/2009

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