

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000037372

**FILED**  
**Apr 29, 2011**  
**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:**

2670 CREEKVIEW CIRCLE  
OVIEDO, FL 32765 US

**Current Mailing Address:**

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

**New Mailing Address:**

2670 CREEKVIEW CIRCLE  
OVIEDO, FL 32765 US

**FEI Number:** 20-8798523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

FABIAN, SHELLY  
2670 CREEKVIEW CIRCLE  
OVIEDO, FL 32765 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:** SHELLY FABIAN

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FABIAN, SHELLY  
**Address:** 2670 CREEKVIEW CIRCLE  
**City-St-Zip:** OVIEDO, FL 32765 US

I hereby 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

MGRM

04/29/2011

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