2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 22, 2008 8:00 am Secretary of State

DOCUMENT # L07000059064 1. Entity Name PARRISH LLC						04-18-200	08 901 53	040 ***	*138.75
Principal Place 112 SEAGRAI JACKSONVILL		Mailing Address 112 SEAGRAPE DR. JACKSONVILLE, FL 32250			3	0007076	A BRIBT BITTE FEIR	1811 lea Má	i in ar iiai
2. Principal Pi	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008	Chg-LLC .	CR2E08	3 (12/06)		
City & State		City & State		4. FEI Numb	13/200	58		plied For Applicable	
Zip	Country	Zip	Coun	stry	5. Certificate	of Status Desired		5.00 Add se Require	
	Registered Agent	7, Name			d Address of New R	egistered Ac	ent		
112 SEAG					(P.O. Box Number is Not Acceptable)				
JACKSON	VILLE, FL 32250					 			
	•			City			FL	Zip Code	•
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 Signature, Syand or printed name of repetitined agent and othe if applicable. (NOTE: Requisived Agent algorishme required when remakening) OATE									
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75						check pay Departmen		•
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES	-	
TITLE	MGRM	☐ Delete	TITL				į.	☐ Change	☐ Addition
NAME STREET ADDRESS	PARRISH, NICHOLAS A 112 SEAGRAPE DR.		NAM STRE	E ET ADORESS					
CITY-S7-22P	JACKSONVILLE, FL 32250			-ST-20P					
TITLE	MGRM	☐ Delete	TITL					Change	☐ Addition
STREET ADDRESS	PARRISH, SUSAN E 112 SEAGRAPE DR.		NAM STRE	E Et adoress					f
CITY-\$1-ZIP	JACKSONVILLE, FL 32250		CITY	-\$T-ZIP					
TITLE NAME		Delete	TITL:				í	Change	Addition
STREET ADDRESS				ET ADDRESS					1
CITY-SI-ZIP			- !	-ST-ZIP					
TITLE "		☐ Detere	IITL	-			ι	_) Change =	- Addition
STREET ADDRESS			STHE	ET ADDRESS					
CITY-ST-ZIP		e e		-SI-ZIP				¬ ~	C 1455
MAME		C O ctole	TITL NAM				·	Change	☐ Addition
STREET ADDRESS				ET ADDRESS					
CITY-SI-ZIP		☐ Delete	נוזץ זוזנו	-ST-ZIP		_		Change	Addition
NAME		L Delice	NAM	1					radiilon
STREET ADDRESS				ET ADDRESS					
CITY-SI-ZP	certify that the information surrolled with	this filling does not qualify for		-ST-ZP	in Chanter 119	Florida Statutes file	rther pertify t	het the info	mation
11. I hereby certify that the information supplied with this fligg 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 agrurate and that the 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 explorated to end cut this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: LOUGHLAND HOLOUS A. PIEZESST 4/15/08 9049973278									