2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900001169						_			
Entity Name PARKER ENTERPRISES-SHERIDAN, LLC						FILED			
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						00 JAN 13 PM 12: 2	23	1/20	
Principal Place of Business Mailing Address 700 NW 40UP PLACE						SECRETARY OF STA	TC	1-0	
763 NW 42ND PLACE POMPANO BEACH FL 33064 POMPANO BEACH FL 33064-1832						SECRETARY OF STATE TALLAHASSEE FLORIDA			
as below as below								A())0 (3)) (08)	
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Principal Place of Business Mailing Address) (88)(8)(8)6 (8)(0 (9)() 88)() 88)() 88)() 88)() 8	818: JI.S.B. (1818	BIJI B JBJI 1681	
Suite, Apt. #, etc. JIM & LINDA PARKERtc.						DO NOT WRITE IN THIS SPACE			
City & State 2321 N.E. 34 COLIRT						4 CEL Number			
City & State LIGHTHOUSE POINT, FL 33064.					4. FEI Number Population Not Applicable				
Zip	Country	Zip Cou		ntry	5 . Cer	5 Certificate of Status Desired Status Desired 5.00 Additional			
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
Name									
PARKER, JAMES Street Address (P.O. Box Number is Not Acceptable)			
763 NW 42ND PLACE 2321 NE 39 C/									
PAHKEH, JAMES 763 NW 42ND PLACE 2321 NE34 th CT POMPANO BEACH FL 33064 Light house Pt FL 33064					*		T =		
				City	City FL Zip Code				
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.									
SIGNATURE									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$50.00									
. Make Check Payable to Department of State									
9.	MANAGING MEMBE	ERS/MEMBERS	10.			ADDITIONS/CHANGES			
TITLE	MGRM	☐ Delete	TITL	E			Change	Addition	
NAME STREET ADDRESS	PARKER, JAMES 763 NW 42ND PLACE 50	me as above	NAM Stri	EET ADDRESS				_	
CITY-ST-ZIP	POMPANO BEACH FL 33064			· ST-ZIP		600003117 	796	1 .010	
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CITY-8T-ZIP			CITY	-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.									
SICHATURE (SOURED JIM 1/1/3) Gru au and and									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #									