

L99000008892  
LIMITED LIABILITY COMPANY  
REINSTATEMENT

FILED

02 FEB 20 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MMJH

DOCUMENT # L99000008892

1. Entity Name

The Edwin E. & Wilma D. Parker Limited  
Liability Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

923 Sweetwater Lane

Suite, Apt. #, etc.

3. Mailing Address

c/o Butzel Long PC

Suite, Apt. #, etc.

1200 N. Federal Hwy. Ste 420

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FID Number

65-1015761

Applied For

Not Applicable

Zip  
33431

Country  
USA

Zip  
33432

Country  
USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert Perry

Street Address (P.O. Box Number is Not Acceptable)

c/o Butzel Long

1200 N. Federal Highway, Ste. 420

City

Boca Raton

FL

Zip Code

33432

DO NOT WRITE  
IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

600005044126--4  
-03/05/02--01054--032  
\*\*\*\*205.00 \*\*\*\*205.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager  
Edwin W. Parker  
923 Sweetwater Lane  
Boca Raton, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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REINSTATEMENT 2001-2002

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)