

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009351

FILED  
Jul 26, 2005  
Secretary of State

**Entity Name:** ALEX PARSONS AND ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

RT. 61 (MAC CORKLE AVE.)  
MARMET, WV 25315

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX AB  
MARMET, WV 253650196

**New Mailing Address:**

FEI Number: 65-0986367      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

VANDEVOORDE, RENE G  
1327 NORTH CENTRAL AVENUE  
SEBASTIAN, FL 32958 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: PARSONS, ALEX JR  
Address: RT. 61 (MACCORKLE AVE)  
City-St-Zip: MARMET, WV 25365

Title: MGR      ( ) Delete  
Name: FIGAROLA, BOB  
Address: 770 CONCHA DR.  
City-St-Zip: SEBASTIAN, FL 329586604

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALEX PARSONS JR

MGR

07/26/2005

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