

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # M04000000176

1. Entity Name
PARRISH PROPERTIES I, LLC



Principal Place of Business
**7804 COOPER ROAD
KENOSHA, WI 53142**

Mailing Address
**PO BOX 580488
PLEASANT PRAIRIE, WI 53158**



01222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1929213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARRISH, JOHN L
4039 NW BLITCHTON ROAD
OCALA, FL 34482**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John L Parrish
Signature, typed or printed name of registered agent, and title if applicable.

JOHN L PARRISH

(NOTE: Registered Agent signature required when reinstating)

1-28-08

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$638.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PARRISH, JOHN L
P.O. BOX 580488
PLEASANT PRAIRIE, WI 53158**

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U000000812979
02/12/08-80071-003 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 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, OR AUTHORIZED REPRESENTATIVE

1-28-08

Date

262-697-4888

Daytime Phone #