

DOCUMENT # M04000000694

1. Entity Name  
PARALLAX, LLC



Principal Place of Business  
860 12TH AVE SOUTH  
NAPLES, FL 34102

Mailing Address  
PO BOX 11404  
NAPLES, FL 34101

**FILED**  
**May 17, 2006 08:00 A**  
**Secretary of State**



05092006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0498898	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	DAVID, JOHN J
STREET ADDRESS	PO BOX 11404
CITY-ST-ZIP	NAPLES, FL 34101

TITLE	
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05/20/06-80115-004 50.00

**DO NOT WRITE  
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

05/09/06 239 253 2360  
Date Daytime Phone #