

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000015134

**Entity Name:** PARKWAY POINTE, L.L.C.

**Current Principal Place of Business:**

1182 WEST OSCEOLA PKWY  
KISSIMMEE, FL 34741

**Current Mailing Address:**

1182 WEST OSCEOLA PKWY  
KISSIMMEE, FL 34741 US

**FEI Number:** 59-3685293

**Certificate of Status Desired:** No

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

SOLOMON, MICHAEL  
1182 WEST OSCEOLA PKWY  
KISSIMMEE, FL 34741 US

*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

**Authorized Person(s) Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | MGRM               | Title           | MGRM               |
| Name            | SOLOMON, MICHAEL   | Name            | SOLOMON, LORI      |
| Address         | 3904 CORVETA COURT | Address         | 3904 CORVETA COURT |
| City-State-Zip: | ORLANDO FL 32837   | City-State-Zip: | ORLANDO FL 32837   |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL SOLOMON

**MEMBER**

**01/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date