

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000044398

**Entity Name:** PARSSI & ASSOCIATES, PL

**Current Principal Place of Business:**

2749 EXCHANGE COURT, 1ST FL  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

2749 EXCHANGE COURT, 1ST FL  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 80-0406945

**Certificate of Status Desired:** No

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

SPIRE-OH, KIMBERLEY ESQ  
1904 ASCOTT RD  
JUNO ISLES, FL 33408 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  
Name PARSSI, BIJAN  
Address 1904 ASCOTT RD  
City-State-Zip: JUNO ISLES FL 33408

*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:** BIJAN PARSSI

**MANAGER**

**04/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date