

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000011938

Entity Name: TOM PARSONS ENTERTAINMENT LLC

Current Principal Place of Business:

8887 E HWY 318
CITRA, FL 32113

Current Mailing Address:

8887 E HWY 318
CITRA, FL 32113 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARSONS, GREG
8887 E HIGHWAY 318
CITRA, FL 32113 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 PARSONS, THOMAS
Address 8887 E HWY 318
City-State-Zip: CITRA FL 32113

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: THOMAS PARSONS

OWNER

02/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date