

**2014 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**

**01/09/2014**

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

\_\_\_\_\_  
Date