

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000038626

**Entity Name:** COMPLETE SCENE INTERVENTION OF FLORIDA LLC

**Current Principal Place of Business:**

2477 SE 27TH STREET  
OKEECHOBEE, FL 34974

**Current Mailing Address:**

2477 SE 27TH STREET  
OKEECHOBEE, FL 34974

**FEI Number:** 90-0908547

**Certificate of Status Desired:** No

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

LERON JEFFERSON PARRAMORE  
2477 SE 27TH STREET  
OKEECHOBEE, FL 34974 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 MGR  
Name LERON JEFFERSON PARRAMORE  
Address 2477 SE 27TH STREET  
City-State-Zip: OKEECHOBEE FL 34974

Title AMBR  
Name DONNA PARRAMORE  
Address 2477 SE 27TH STREET  
City-State-Zip: OKEECHOBEE FL 34974

Title AMBR  
Name BRANDON PARRAMORE  
Address 2477 SE 27TH STREET  
City-State-Zip: OKEECHOBEE FL 34974

Title AMBR  
Name CHELSEA PARRAMORE  
Address 2477 SE 27TH STREET  
City-State-Zip: OKEECHOBEE FL 34974

Title AMBR  
Name KYLE PARRAMORE  
Address 2477 SE 27TH STREET  
City-State-Zip: OKEECHOBEE FL 34974

*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:** LERON PARRAMORE

**MANAGER**

**04/28/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date