

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000141261

**Entity Name:** PARFENOV ON, LLC

**Current Principal Place of Business:**

437 GOLDEN ISLES DRIVE  
UNIT 8J  
HALLANDALE, FL 33009

**Current Mailing Address:**

437 GOLDEN ISLES DRIVE  
UNIT 8J  
HALLANDALE, FL 33009

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

RUBEN J. PADRON, P.A.  
9370 SW 72ND STREET SUITE A266  
MIAMI, FL 33173 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 PARFENOV, OLEG  
Address 437 GOLDEN ISLES DRIVE, UNIT 8J  
City-State-Zip: HALLANDALE FL 33009

*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:** OLEG PARFENOV

MGR

04/30/2015

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

\_\_\_\_\_ Date