

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L15000018741

**Entity Name:** PARALLEL FLORIDA , LLC

**Current Principal Place of Business:**

2203 N LOIS AVE  
M275  
TAMPA, FL 33607

**Current Mailing Address:**

2203 N LOIS AVE  
M275  
TAMPA, FL 33607 US

**FEI Number:** 47-3909681

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	SECRETARY	Title	TREASURER
Name	FRENCH, LYNETTE	Name	JONES, BARRY
Address	2203 N. LOIS AVE. SUITE M275	Address	2203 N. LOIS AVE. SUITE M275
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607

*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:** BARRY JONES

**TREASURER**

**04/13/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date