

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000045143

**Entity Name:** WHITE SWORD THEMING, LLC

**Current Principal Place of Business:**

1811 BUSINESS CENTER LANE  
KISSIMMEE, FL 34758

**Current Mailing Address:**

8553 KESWICK POINTE DR.  
ORLANDO, FL 32829

**FEI Number: 35-2528988**

**Certificate of Status Desired: No**

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

SEDWICK, BRYAN S  
8553 KESWICK POINTE DR  
ORLANDO, FL 32829 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	INTELESIS, LLC
Address	6920 S. CIMARRON RD.
City-State-Zip:	LAS VEGAS NV 89113
Title	MANAGING MEMBER
Name	SEDWICK, BRYAN STEVEN
Address	8553 KESWICK POINTE DR.
City-State-Zip:	ORLANDO FL 32829

Title	MGR
Name	NRCAN PARSONS ENTERPRISES, LLC
Address	413 STEAMBOAT BLVD
City-State-Zip:	DAVENPORT FL 33897
Title	MANAGING MEMBER
Name	PARSONS, NICHOLAS JAMES
Address	413 STEAMBOAT BLVD
City-State-Zip:	DAVENPORT FL 33897

*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: BRYAN SEDWICK**

**MANAGING MEMBER**

**01/08/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date