

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000059824

**Entity Name:** PARRAS INSTALLS, LLC

**Current Principal Place of Business:**

6326 STANWIN DR.  
APOPKA, FL 32712

**Current Mailing Address:**

6326 STANWIN DR.  
APOPKA, FL 32712 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

AIMEE, PARRA  
6326 STANWIN DR.  
APOPKA, FL 32712 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:** AIMEE PARRA

05/05/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            PARRA, ALFREDO  
Address        6326 STANWIN DR.  
City-State-Zip: APOPKA FL 32712

Title            VP  
Name            PARRA, AIMEE  
Address        6326 STANWIN DR.  
City-State-Zip: APOPKA FL 32712

Title            SECRETARY  
Name            ARIAS AGUIRRE, MARIA I  
Address        6326 STANWIN DR.  
City-State-Zip: APOPKA FL 32712

Title            MANAGER  
Name            VALDEZ, JESUS  
Address        6326 STANWIN DR.  
City-State-Zip: APOPKA FL 32712

Title            DIRECTOR  
Name            VALDEZ, JOSE  
Address        6326 STANWIN DR.  
City-State-Zip: APOPKA FL 32712

*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:** AIMEE PARRA

VP

05/05/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date