

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000277793

Entity Name: PARKSIDE CAPITAL, LLC**Current Principal Place of Business:**7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702**Current Mailing Address:**7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 US**FEI Number:** 83-1183899**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.
7901 4 ST N STE 300
ST PETERSBURG, FL 33702 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	MBR
Name	HODGKIN, JOHN M
Address	7901 4TH ST N STE 300
City-State-Zip:	ST. PETERSBURG FL 33702

Title	MGR, MBR
Name	WHITLEY, BRANDON
Address	7901 4 ST N STE 300
City-State-Zip:	ST PETERSBURG FL 33702

Title	MBR
Name	STRADLEY, DUSTIN
Address	7901 4TH ST N STE 300
City-State-Zip:	ST. PETERSBURG FL 33702

Title	MGR, MBR
Name	CADE, BENJAMIN
Address	7901 4 ST N STE 300
City-State-Zip:	ST PETERSBURG FL 33702

Title	MGR
Name	MULLEN, ALLISON
Address	7901 4ST N STE 300
City-State-Zip:	ST PETERSBURG FL 33702

Title	MGR, MBR
Name	HODGKIN, KRISTA
Address	7901 4TH ST N STE 300
City-State-Zip:	ST. PETERSBURG FL 33702

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: JOHN HODGKIN**MEMBER****02/22/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date