

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000369932

**Entity Name:** HANDS ON PARKER, LLC**Current Principal Place of Business:**221 N HOGAN ST #518  
JACKSONVILLE, FL 32202**Current Mailing Address:**221 N HOGAN ST #518  
JACKSONVILLE, FL 32202 US**FEI Number:** 87-2233402**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARKER, LAMONT  
221 N HOGAN ST #518  
JACKSONVILLE, FL 32202 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            | PARKER, LAMONT        |
| Address         | 221 N HOGAN ST #518   |
| City-State-Zip: | JACKSONVILLE FL 32202 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MGR                   |
| Name            | PARKER, SANBRIELLE    |
| Address         | 221 N HOGAN ST #518   |
| City-State-Zip: | JACKSONVILLE FL 32202 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MANAGER               |
| Name            | PARKER, NASIR A.      |
| Address         | 221 N HOGAN ST #518   |
| City-State-Zip: | JACKSONVILLE FL 32202 |

*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:** LAMONT PARKER

MANAGER

04/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date