

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000455709

**FILED**  
**Mar 16, 2024**  
**Secretary of State**  
**9033879156CC**

**Entity Name:** THE BROTHERS PARRA SERVICES LLC

**Current Principal Place of Business:**

2302 SOUTHWEST 8TH PLACE  
CAPE CORAL, FL 33991

**Current Mailing Address:**

2302 SOUTHWEST 8TH PLACE  
CAPE CORAL, FL 33991 US

**FEI Number:** 92-1009494

**Certificate of Status Desired:** No

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

PARRA FERNANDEZ, ZAIDA  
4201 SOUTHWEST 7TH PLACE  
CAPE CORAL, FL 33914 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 MG  
Name PARRA FERNANDEZ, ZAIDA E  
Address 4201 SOUTHWEST 7TH PLACE  
City-State-Zip: CAPE CORAL FL 33914

Title MG  
Name PARRA FERNANDEZ, VALENTINA C  
Address 4327 SOUTHWEST 7TH PLACE  
City-State-Zip: CAPE CORAL FL 33914

Title MG  
Name PARRA FERNANDEZ, EVER E  
Address 2302 SOUTHEAST 8TH PLACE  
City-State-Zip: CAPE CORAL FL 33990

*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:** ZAIDA E PARRA FERNANDEZ

**MG**

**03/16/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date