# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEON M. ROGERS

Electronic Signature of Signing Authorized Person(s) Detail

## **Current Principal Place of Business:** 333 LEEWARD DRIVE

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Entity Name: ALEX PARSONS AND ASSOCIATES, L.L.C.

STOKESDALE, NC 27357

#### **Current Mailing Address:**

DOCUMENT# L99000009351

333 LEEWARD DRIVE STOKESDALE, NC 27357 US

#### FEI Number: 65-0986367

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

VANDEVOORDE, RENE G 1327 NORTH CENTRAL AVENUE SEBASTIAN, FL 32958 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:	RENE G. VANDEVOORDE			12/05/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MANAGER	
Name I	PARSONS, STEPHEN F	Name	ROGERS, LEON MARK	
Address 3	333 LEEWARD DRIVE	Address	122 NORTH OAK STREET	
City-State-Zip:	STOKESDALE NC 27357	City-State-Zip:	CLARKSBURG WV 26301	

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

MANAGER

12/05/2019

### FILED Dec 05, 2019 Secretary of State 2492255787CR

Certificate of Status Desired: Yes

Date