## 2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000003046

**Entity Name: PARALLEL INFRASTRUCTURE LLC** 

**Current Principal Place of Business:** 

2855 LEJEUNE ROAD

4TH FL

CORAL GABLES, FL 33134

**Current Mailing Address:** 

2855 LEJEUNE ROAD

4TH FL

CORAL GABLES, FL 33134

FEI Number: 80-0717488 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COBB, KOLLEEN O.P. 2855 LEJEUNE ROAD 4TH FL

CORAL GABLES, FL 33134 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: KOLLEEN O.P. COBB 04/25/2014

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title Title CEO, PRESIDENT

Name BRADISH, MICHAEL Name CHECHILE, FRANK

2855 LEJEUNE ROAD 4601 TOUCHTON RD E Address Address **BLDG 300, SUITE 3200** 4TH FL

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: JACKSONVILLE FL 32246

Title VΡ Title VP, TREASURER

Name SIGNORELLO, VINCENT Name GODOY, JUAN

Address 2855 LEJEUNE ROAD, 4TH FL Address 2855 LEJEUNE ROAD, 4TH FL

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title VP, ASST. SECRETARY Title VP, SECRETARY Name COBB. KOLLEEN O.P. FRENCH, KEVIN Name

Address 2855 LEJEUNE ROAD, 4TH FL Address

4601 TOUCHTON RD E BLDG 300, SUITE 3200

CORAL GABLES FL 33134 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32246

**FILED** Apr 25, 2014

**Secretary of State** 

CC7208794825

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.