

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000229838

**Entity Name:** SCMG PARSONS, LLC

**Current Principal Place of Business:**

4522 W. VILLAGE DRIVE, SUITE 202  
TAMPA, FL 33624

**Current Mailing Address:**

4522 W. VILLAGE DRIVE, SUITE 202  
TAMPA, FL 33624

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

ALEJANDRO GONZALEZ  
4522 W. VILLAGE DRIVE, SUITE 202  
TAMPA, FL 33624 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 ALEJANDRO GONZALEZ  
Address 4522 W. VILLAGE DRIVE, SUITE 202  
City-State-Zip: TAMPA FL 33624

*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:** ALEJANDRO GONZALEZ

MGR

02/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date