

1072


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 18 AM 7:56

DOCUMENT # L06000005532

1. Entity Name
PARADISE BUILDERS LLC



Principal Place of Business
1611 B FAIRY AVENUE
PANAMA CITY, FL 32405 US

Mailing Address
1611 B FAIRY AVENUE
PANAMA CITY, FL 32405 US

2. Principal Place of Business - No P.O. Box #
1611 B FAIRY AVE


3. Mailing Address

Suite, Apt. #, etc.

City & State
Panama City FL.

City & State

Zip Country
32405 US



02082008 REIN-LLC CR2E101 (1/07)

8. Name and Address of Current Registered Agent

ROBINSON, PATRICK
1611 B FAIRY AVENUE
PANAMA CITY, FL 32405

4. FEI Number
421690176

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Christine Robinson

Street Address (P.O. Box Number is Not Acceptable)
1611 B FAIRY AVE

City
Panama City

FL Zip Code
32405

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Christine Robinson DATE 2/13/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50
~~138.78~~ 277.50

Christine Robinson

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBINSON, PATRICK 1611 B FAIRY AVENUE PANAMA CITY, FL 32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBINSON, CHRISTINE 1611 B FAIRY AVENUE PANAMA CITY, FL 32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Jerry Robinson <u>Add</u> 1103 DRAKE AVE PANAMA CITY FL, 32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100118139031 02/15/08--01031--003 **277.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Robinson, Jerry 1103 DRAKE AVE PANAMA CITY FL 32405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Christine Robinson Christine Robinson MGRM 2/13/08 850873-4007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT 2007-08

Dear Joey Bryan,

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Paradise Builders LLC. L06000005532
we have not received letter (card) in
mail for annual report. Requesting 100.00
be taken off reinstatement fee.

Also a request for the 25.00 ✓ for
amendment track -
fee

Thank You,

Christine Robinson

1611 B FAIRY AVE.

P.C. FL. 32405

850 873 4007

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