


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**
Jun 05, 2008 8:00 am
Secretary of State

05-09-2008 90062 007 ***138.75

DOCUMENT # L06000089307

1. Entity Name
PARADISE UNITED RESTORATION & CONSTRUCTION LLC



Principal Place of Business
**3244 N. POWERLINE ROAD
 POMPAÑO BEACH, FL 33069**

Mailing Address
**3244 N. POWERLINE ROAD
 POMPAÑO BEACH, FL 33069**

30008778



03102008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5492542

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COHEN, HAIM
 3244 N. POWERLINE ROAD
 POMPAÑO BEACH, FL 33069**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FURER, DOVE 600 THREE ISLANDS BLVD. #1607 HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COHEN, HAIM 3244 N. POWERLINE ROAD POMPAÑO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE

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: *[Signature]* 6/2/08 954-977-0435
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #