

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000050098

**Entity Name:** PARADISE PROFESSIONAL ORGANIZERS, LLC

**Current Principal Place of Business:**

207 E. CEDARWOOD CIRCLE  
SUITE 8  
KISSIMMEE, FL 34743

**Current Mailing Address:**

207 E. CEDARWOOD CIRCLE  
SUITE 8  
KISSIMMEE, FL 34743

**FEI Number:** 36-4576678

**Certificate of Status Desired:** No

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

CHARLES, WATERMAN  
207 E. CEDARWOOD CIRCLE  
KISSIMMEE, FL 34743 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 MGRM  
Name CHARLES, WATERMAN  
Address 207 E. CEDARWOOD CIRCLE  
City-State-Zip: KISSIMMEE FL 34743

Title MANAGER  
Name WATERMAN, VERONIQUE  
Address 207 E. CEDARWOOD CIRCLE  
SUITE 8  
City-State-Zip: KISSIMMEE FL 34743

*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:** CHARLES WATERMAN

**MANAGER**

**04/09/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date