

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000080869

**Entity Name:** PARADISE MANAGEMENT A & D, L.L.C.

**Current Principal Place of Business:**

5455 S.W. 8 STREET, SUITE 135  
MIAMI, FL 33134

**Current Mailing Address:**

PO BOX 440913  
MIAMI, FL 33144

**FEI Number:** 90-0421946

**Certificate of Status Desired:** No

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

CABO, ANDRES  
5455 S.W. 8 STREET, SUITE 135  
MIAMI, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name CABO, ANDRES  
Address PO BOX 440913  
City-State-Zip: MIAMI FL 33144

Title MGR  
Name CABO, DORIS  
Address PO BOX 440913  
City-State-Zip: MIAMI FL 33144

*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:** ANDRES CABO

**PRESIDENT**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date