

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000140114

**Entity Name:** PARADIGM SHIFT DEVELOPMENT LLC

**Current Principal Place of Business:**

6029 CHURCHSIDE DR.  
LITHIA, FL 33547

**Current Mailing Address:**

6029 CHURCHSIDE DR.  
LITHIA, FL 33547 US

**FEI Number: 46-3844182**

**Certificate of Status Desired: Yes**

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

PETERSON, JOHN D  
6029 CHURCHSIDE DR.  
LITHIA, FL 33547 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 PETERSON, JARED M  
Address 6029 CHURCHSIDE DR.  
City-State-Zip: LITHIA FL 33547

Title MGRM  
Name STRYKER, NICHOLAS  
Address 6029 CHURCHSIDE DR.  
City-State-Zip: LITHIA FL 33547

Title MGRM  
Name LANIER, HOLDEN  
Address 6029 CHURCHSIDE DR.  
City-State-Zip: LITHIA FL 33547

Title MGRM  
Name SPEER, CHAD  
Address 6029 CHURCHSIDE DR.  
City-State-Zip: LITHIA FL 33547

Title MGRM  
Name ZACHER, RYAN  
Address 6029 CHURCHSIDE DR.  
City-State-Zip: LITHIA FL 33547

*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: JARED M PETERSON**

**MGRM**

**02/16/2015**

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

\_\_\_\_\_  
Date