

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000059867

Entity Name: LIGHTING PARADISE, LLC**Current Principal Place of Business:**5455 SW 8TH STREET, #135
MIAMI, FL 33134**Current Mailing Address:**P.O. BOX 440913
MIAMI, FL 33144 US**FEI Number:** 65-0317295**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CABO, ANDRES
5455 SW 8TH STREET, #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 PRESIDENT
Name CABO, ANDRES
Address P.O. BOX 440913
City-State-Zip: MIAMI FL 33144

Title VP
Name CABO, DORIS
Address P.O. BOX 440913
City-State-Zip: MIAMI FL 33144

Title DIRECTOR
Name MORELL, MARCOS
Address P.O. BOX 440913
City-State-Zip: MIAMI FL 33144

Title DIRECTOR
Name CABO, ANGELICA
Address P.O. BOX 440913
City-State-Zip: MIAMI FL 33144

Title DIRECTOR
Name CABO, DORIS
Address P.O. BOX 440913
City-State-Zip: MIAMI FL 33144

Title DIRECTOR
Name CABO, NATALIE
Address P.O. BOX 440913
City-State-Zip: MIAMI FL 33144

Title DIRECTOR
Name CABO, ANDREINA
Address P.O. 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****02/17/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date