2024 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.

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MOD

SIGNATURE:

Title

Electronic Signature of Registered Agent

Date

FILED Apr 15, 2024

Secretary of State

4098342906CC

Authorized Person(s) Detail: MOD

ı itle	MGR	Title	MGR
Name	CABO, ANDRES	Name	CABO, DORIS
Address	P.O. BOX 440913	Address	P.O. BOX 440913
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144
Title	DIRECTOR	Title	DIRECTOR
Name	CABO, ANGELICA	Name	CABO, DORIS
Address	P.O. BOX 440913	Address	P.O. BOX 440913
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144
Title	DIRECTOR	Title	DIRECTOR
Name	CABO, NATALIE	Name	NOEL, ANDREINA
Address	P.O. BOX 440913	Address	P.O. BOX 440913
City-State-Zip:	MIAMI FL 33144	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.

04/15/2024 SIGNATURE: DORIS CABO **MANAGER**