

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000259453

**Entity Name:** FS PARADISE GARDENS, LLC

**Current Principal Place of Business:**

2627 NE 203 STREET  
202  
AVENTURA, FL 33180

**Current Mailing Address:**

2627 NE 203 STREET  
202  
AVENTURA, FL 33180 US

**FEI Number:** 82-4327665

**Certificate of Status Desired:** No

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

DADE COUNTY CORPORATE AGENTS, INC  
20295 NE 29 PLACE, SUITE 200  
AVENTURA, FL 33180 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           MANAGER  
Name           FIP MANAGEMENT, LLC  
Address       2627 NE 203 STREET  
                  SUITE 202  
City-State-Zip: AVENTURA FL 33180

Title           MANAGER  
Name           SHAKIBPANA, JACOB  
Address       1835 E. HALLANDALE BLVD.  
City-State-Zip: HALLANDALE FL 33009

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:** ROLAND FAITH

**MANAGER**

**06/12/2018**

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

\_\_\_\_\_  
Date