

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000276240

**Entity Name:** PARADISE BAY CARE, LLC

**Current Principal Place of Business:**

3550 W WATERS AVE  
260  
TAMPA, FL 33614

**FILED**  
**Feb 01, 2023**  
**Secretary of State**  
**9467163970CC**

**Current Mailing Address:**

3550 W WATERS AVE  
260  
TAMPA, FL 33614 US

**FEI Number: 83-2670712**

**Certificate of Status Desired: No**

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

RODRIGUEZ, MADELAINE  
4545 W IDLEWILD AVE  
TAMPA, FL 33614 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	Title	MGR
Name	RODRIGUEZ, MADELAINE	Name	MICHAEL, SMITH
Address	4545 W IDLEWILD AVE	Address	3550 W WATERS AVE 260
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614

*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: MADELAINE RODRIGUEZ**

**MGR**

**02/01/2023**

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

\_\_\_\_\_  
Date