

**2024 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

**Current Mailing Address:**

4410 W ELM ST  
TAMPA, FL 33614 US

**FEI Number:** 83-2670712

**Certificate of Status Desired:** No

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

ORISA AYE, LLC  
4410 W ELM ST  
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:** MICHAEL SMITH

02/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	RODRIGUEZ, MADELAINE	Name	SMITH, MICHAEL
Address	4410 W ELM ST	Address	4410 W ELM ST
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614

Title MGRM  
 Name ORISA AYE, LLC  
 Address 4410 W ELM ST  
 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:** MICHAEL SMITH

MGRM

02/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date