

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000470914

**Entity Name:** ATLANTIC PARADISE LLC

**Current Principal Place of Business:**

1440 S OCEN BLVD  
APT 11D  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

1440 S OCEN BLVD  
APT 11D  
POMPANO BEACH, FL 33062

**FEI Number:** 92-0826301

**Certificate of Status Desired:** No

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

NELSON, KATE  
1440 S OCEAN BLVD  
APT 11D  
POMPANO BEACH, FL 33062 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  
Name NELSON, KATE  
Address 1440 S OCEAN BLVD APT 11D  
City-State-Zip: POMPAN BEACH FL 33062

Title MGR  
Name NELSON, BRENT  
Address 1440 S OCEAN BLVD APT 11D  
City-State-Zip: POMPAN BEACH FL 33062

*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:** KATE NELSON

**MANAGER**

**01/18/2024**

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

\_\_\_\_\_  
Date