

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000016218

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** PARADOX PROPERTIES OF NORTHWEST FLORIDA, L.L.C.

**Current Principal Place of Business:**

224 NORTHCLIFF DR.  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

224 NORTHCLIFF DR.  
GULF BREEZE, FL 32561

**New Mailing Address:**

**FEI Number:** 59-3691986

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RENFROE, BEN J MD  
224 NORTHCLIFF DR.  
GULFBREEZE, FL 32561 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** RENFROE, J. BENJAMIN  
**Address:** PO BOX 459  
**City-St-Zip:** GULF BREEZE, FL 325620459

**Title:** MGRM  
**Name:** RENFROE, ROBIN P  
**Address:** PO BOX 459  
**City-St-Zip:** GULF BREEZE, FL 325620459

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** J. BEN RENFROE

MGRM

01/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date