

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000006704

1. Entity Name
PARADISE LAKES UTILITY, L.L.C.



Principal Place of Business
**2348 RADEN DRIVE
LAND O LAKES, FL 34639**

Mailing Address
**2348 RADEN DRIVE
LAND O LAKES, FL 34639**



01222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2677556

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DELUCENAY, JANICE
2348 RADEN DRIVE
LAND O LAKES, FL 34639**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DELUCENAY, LARRY G
STREET ADDRESS	22953 HALE ROAD
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	MGRM
NAME	DELUCENAY, JANICE L
STREET ADDRESS	22953 HALE ROAD
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Janice L. Delucenay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/22/08

Date

813-949-2167

Daytime Phone #