

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90061 044 ****50.00

DOCUMENT # L02000024488

1. Entity Name

PARADISE HOME & GARDEN CARE, LLC



Principal Place of Business

2917 NW 99 AVENUE
MIAMI FL 33172

Mailing Address

2917 NW 99 AVENUE
MIAMI FL 33172

2. Principal Place of Business

10210 NW 57 STREET

3. Mailing Address

10210 NW 57 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DORAL FLORIDA

City & State

DORAL FLORIDA

4. FEI Number

52-2378808

Applied For

Not Applicable

Zip
33178

Country

MIAMI-DADE

Zip

33178

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLINA, MIGUEL A
2917 NW 99 AVE
MIAMI FL 33172

Name

MOLINA, MIGUEL A

Street Address (P.O. Box Number is Not Acceptable)

10210 NW 57 STREET

City

DORAL

FL

Zip Code

33178

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

MIGUEL A. MOLINA

09-01-04

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 8, 2004**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME MARIA ISABEL CASTRILLON
STREET ADDRESS 2917 NW 99 AVENUE
CITY-ST-ZIP MIAMI FL 33172

TITLE MGR ☒ Change ☐ Addition
NAME MARIA ISABEL CASTRILLON
STREET ADDRESS 10210 NW 57 STREET
CITY-ST-ZIP DORAL FL 33178

TITLE MGR ☐ Delete
NAME MIGUEL ANGEL MOLINA
STREET ADDRESS 2917 NW 99 AVENUE
CITY-ST-ZIP MIAMI FL 33172

TITLE MGR ☒ Change ☐ Addition
NAME MIGUEL ANGEL MOLINA
STREET ADDRESS 10210 NW 57 STREET
CITY-ST-ZIP DORAL FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

MIGUEL A. MOLINA

09-01-04

(786) 8458025