# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**May 07, 2006**
**Secretary of State**

DOCUMENT# L03000043604

**Entity Name:** PARADOX ENTERPRISES LLC

**Current Principal Place of Business:**

5142 ROYAL CYPRESS CIRCLE
TAMPA, FL 33647 US

**New Principal Place of Business:**

26620 CASTLEVIEW WAY
WESLEY CHAPEL, FL 33543 US

**Current Mailing Address:**

5142 ROYAL CYPRESS CIRCLE
TAMPA, FL 33647 US

**New Mailing Address:**

26620 CASTLEVIEW WAY
WESLEY CHAPEL, FL 33543 US

**FEI Number: 03-0530840** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

GREEN, ERNEST III
5142 ROYAL CYPRESS CIRCLE
TAMPA, FL 33647 US

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

GREEN, ERNEST III
26620 CASTLEVIEW WAY
WESLEY CHAPEL, FL 33543 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: ERNEST GREEN III 05/07/2006
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: GREEN, ERNEST III
Address: 5142 ROYAL CYPRESS CIRCLE
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: GREEN, ERNEST III
Address: 26620 CASTLEVIEW WAY
City-St-Zip: WESLEY CHAPEL, FL 33543 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: ERNEST GREEN III MGR 05/07/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date