

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000044921

1. Entity Name
PARADISE 4, LLC



Principal Place of Business
695 BRECKENRIDGE DRIVE
PORT ORANGE, FL 32127

Mailing Address
695 BRECKENRIDGE DRIVE
PORT ORANGE, FL 32127

FILED

2011 FEB 25 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02202011No Chg-LLC

CR2E083 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1177418

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILES, JAMES R
695 BRECKENRIDGE DRIVE
PORT ORANGE, FL 32127

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, 2011 Fee will be \$538.75

700196098447
02/25/11--01050--002 **138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WILES, JAMES R
695 BRECKENRIDGE DRIVE
PORT ORANGE, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WILES, JACK D
5885 RIVERSIDE DR.
PORT ORANGE, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

JAMES R WILES