

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057301

FILED
Jul 04, 2004
Secretary of State

Entity Name: PARADISE BATH OF FLORIDA LLC

Current Principal Place of Business:

19143 WOOD SAGE DR
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

19143 WOOD SAGE DR
TAMPA, FL 33647

New Mailing Address:

FEI Number: 01-0669737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OBIANYO, PARMA
18002 RICHMOND PLACE DR., #2727
TAMPA, FL 33647 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: RICHARDSON, STEINMEZ
Address: 19143 WOOD SAGE DR
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Change (X) Addition
Name: RICHARDSON, FLOYD O
Address: 19143 WOOD SAGE DR
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Change (X) Addition
Name: BUTTS, WILLIAM
Address: 19143 WOOD SAGE D
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEINMEZ RICHARDSON

MGR

07/04/2004

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