

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000057301

**FILED**  
**Oct 05, 2005**  
**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 ( )**  
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:**

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

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

10/05/2005

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