

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000057301

FILED
Dec 01, 2006
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 ABIANYO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

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

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

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 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: STEINMEZ RICHARDSON

CEO

12/01/2006

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