# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 03, 2009**
**Secretary of State**

DOCUMENT# L04000032059

**Entity Name:** AFRICAN PARADISE LLC

**Current Principal Place of Business:**

1511 EAST FOWLER AVENUE
SUITE G & H
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

1511 EAST FOWLER AVENUE
SUITE G & H
TAMPA, FL 33612 US

**New Mailing Address:**

**FEI Number: 33-1110254** **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:**

ASOMBA, AUSTIN
1511 EAST FOWLER AVENUE
SUITE G & H
TAMPA, FL 33612 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/MANAGERS:**

Title: VP ( ) Delete
Name: ASOMBA, AUSTIN
Address: 1511 EAST FOWLER AVENUE
City-St-Zip: TAMPA, FL 33612

Title: P ( ) Delete
Name: OJINAKA, CHINYERE B
Address: 518 RICHLYNE STREET APT. C
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES:**

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 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: AUSTIN ASOMBA VP 05/03/2009

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