

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032253

FILED  
Sep 12, 2008  
Secretary of State

**Entity Name:** PARADISE PRESS & ASSOCIATES, LLC

**Current Principal Place of Business:**

16950 APOPKA SPRINGS BLVD  
MONTVERDE, FL 34756

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 680759  
ORLANDO, FL 32868

**New Mailing Address:**

**FEI Number:** 13-4282653      **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:**

YOU MAN, HARRIET F  
16950 APOPKA SPRINGS BLVD  
MONTVERDE, FL 34756 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** YOU MAN, HARRIET F  
**Address:** 16950 APOPKA SPRINGS BLVD  
**City-St-Zip:** MONTVERDE, FL 34756

**ADDITIONS/CHANGES:**

**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: HARRIET F. YOU MAN

MGRM

09/12/2008

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