

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90274 003 ***143.75

DOCUMENT-# L04000046577

1. Entity Name
PARADIGM SOLUTIONS, LLC



Principal Place of Business
1673 SW 1ST WAY
#A1
DEERFIELD BEACH, FL 33441 US

Mailing Address
1673 SW 1ST WAY
#A1
DEERFIELD BEACH, FL 33441 US

60018644



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192008 Chg-LLC CR2E083 (12/06)

4. FEI Number

75-3159433

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHER, GEORGE
1673 SW 1ST WAY
#A1
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name
ALAN TONKS

Street Address (P.O. Box Number is Not Acceptable)

1673 SW 1ST WAY # A-1

City **DEERFIELD BEACH**

FL

Zip Code
33441

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

ALAN TONKS, MGR

(NOTE: Registered Agent signature required when reinstating)

3/26/08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
SCHER, GEORGE
1673 SW 1ST WAY #A1
DEERFIELD BEACH, FL 33441

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
COVITZ, ERIK
1673 SW 1ST WAY #A1
DEERFIELD BEACH, FL 33441

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
TONKS, ALAN
1673 SW 1ST WAY #A1
DEERFIELD BEACH, FL 33441

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/26/08

Date

954-426-5754

Daytime Phone #