
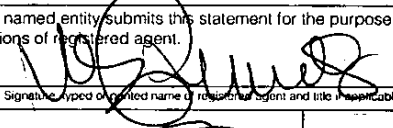



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 14 AM 10:04

DOCUMENT # L04000054834 1. Entity Name PARADIS TAYLOR INVESTMENTS, LLC					
Principal Place of Business 605 FRENCH CREEK LANE FORT PIERCE, FL 34982			Mailing Address 605 FRENCH CREEK LANE FORT PIERCE, FL 34982		
2. Principal Place of Business 7309 S. U.S. Highway 1		3. Mailing Address 302 Melton Drive			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Port St. Lucie, FL		City & State Ft. Pierce, FL		4. FEI Number 66-813138501-6	
Zip 34952		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 34982		Country USA		6. Name and Address of Current Registered Agent BECHT, EDWARD W 321 SOUTH SECOND STREET FT. PIERCE, FL 34950	
7. Name and Address of New Registered Agent KRISTYNA D PARADIS		Street Address (P.O. Box Number is Not Acceptable) 605 French Creek Lane			
City Ft. Pierce		State FL		Zip 34982	
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  (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, JAMES A 605 FRENCH CREEK LANE FORT PIERCE, FL 34982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, STEVEN K 605 FRENCH CREEK LANE FORT PIERCE, FL 34982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARADIS, KRISTYNA D 605 FRENCH CREEK LANE FORT PIERCE, FL 34982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify 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 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			Date: 10/7/15		