

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000071714

1. Entity Name

PARADISE HOTELS OF FLORIDA, L.L.C.



Principal Place of Business

330 S ORANGE AVE
SARASOTA, FL 34236

Mailing Address

330 S ORANGE AVE
SARASOTA, FL 34236



04032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1740874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMPTON, JOHN M
1819 MAIN STREET, SUITE 610
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000885432
04/13/08-80019-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME TIBBETTS, DOUGLAS A MGR
STREET ADDRESS 330 S ORANGE AVE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGR
NAME KIMSEY, CHARLES B MGR
STREET ADDRESS 330 S ORANGE AVE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGR
NAME KLINK III, PAUL S MGR
STREET ADDRESS 330 S ORANGE AVE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGR
NAME MCATEER, WAYNE MGR
STREET ADDRESS 330 S ORANGE AVE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/3/08

941.807.5600