

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000077256

1. Entity Name
PARADISE VENTURES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR -3 AM 8:35

Principal Place of Business
PO BOX 51890
FORT MYERS, FL 33994

Mailing Address
PO BOX 51890
FORT MYERS, FL 33994

2. Principal Place of Business
3600 WORK DR
Suite, Apt. #, etc.

3. Mailing Address
PO Box 51090
Suite, Apt. #, etc.

02272006 REIN-LLC CR2E101 (11/05)

City & State
Fort Myers FL
Zip
33916 Country
USA

City & State
Fort Myers FL
Zip
33994 Country
USA

4. FEI Number
20-1792618
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, DAVE W
3600 WORK DRIVE
FORT MYERS, FL 33906

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Dave W Harris*

2-27-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
President
Dave W Harris
PO Box 51090
Fort Myers FL 33994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Sec/Treas
Laura J Harris
PO Box 51090
Fort Myers FL 33994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800068100328
03/20/06--01018--020 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
REINSTATEMENT 05-06

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 *Dave W Harris*