

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094195

Entity Name: M2PARADISE, LLC

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

226 1/2 8TH AVENUE NE #1
ST. PETERSBURG, FL 33701

New Principal Place of Business:

226 1/2 8TH AVENUE NE
#1
ST. PETERSBURG, FL 33701

Current Mailing Address:

PO BOX 4155
ST. PETERSBURG, FL 33731

New Mailing Address:

FEI Number: 76-0840434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, MELISSA
1695 PINELLAS BAYWAY S. #A3
TIERRA VERDE, FL 33715 US

Name and Address of New Registered Agent:

CLARK, MELISSA K
1695 PINELLAS BAYWAY S.
APT# A3
TIERRA VERDE, FL 33715 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: MELISSA K CLARK

02/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLARK, MICHAEL L
Address: 226 1/2 8TH AVENUE NE #1
City-St-Zip: ST. PETERSBURG, FL 33701

Title: CEO (X) Delete
Name: CLARK, MELISSA
Address: 226 1/2 8TH AVENUE NE #1
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLARK, MELISSA K
Address: 226 1/2 8TH AVENUE NE #1
City-St-Zip: ST. PETERSBURG, FL 33701

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: MELISSA K CLARK

MGR

02/26/2009

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