

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000067295**

1. Entity Name  
**PARADISE CAY, LLC**



Principal Place of Business  
**400 EAGLE LAKE LOOP ROAD  
WINTER HAVEN, FL 33884**

Mailing Address  
**P.O. BOX 589  
WINTER HAVEN, FL 33882**



04052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3110625**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DUNSON, LESLIE W III  
400 EAGLE LAKE LOOP ROAD  
WINTER HAVEN, FL 33884**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	DUNSON, LESLIE W III
STREET ADDRESS	P.O. BOX 589
CITY-ST-ZIP	WINTER HAVEN, FL 33882
TITLE	MGRM
NAME	DUNSON, LESLIE W JR.
STREET ADDRESS	P.O. BOX 589
CITY-ST-ZIP	WINTER HAVEN, FL 33882
TITLE	MGRM
NAME	WEEKS, JAMES M JR.
STREET ADDRESS	3922 CHEVERLY DRIVE, WEST
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000703055  
04/20/07-80126-004 50.00

**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

**LESLIE W. DUNSON III**

**4/9/07**  
Date

**863-293-9888**  
Daytime Phone #