

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000081281

1. Entity Name  
PARADISE CLUB SERVICES, LLC



Principal Place of Business  
3900 ORANGE GROVE BLVD.  
NORTH FT. MYERS, FL 33903-4930

Mailing Address  
3900 ORANGE GROVE BLVD.  
NORTH FT. MYERS, FL 33903-4930

FILED

2007 OCT 30 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10172007 REIN-LLC

CR2E101 (1/07)

City & State

City & State

4. FEI Number

20-4134839

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWIFT, RICHARD J JR.,ESQ  
5551 RIDGEWOOD DRIVE, SUITE 101  
NAPLES, FL 34108

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, Fee will be \$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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HELPER, JAMES E  
3900 ORANGE GROVE BLVD.  
NORTH FT. MYERS, FL 339034930 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700111395197  
10/26/07--01051--004 \*\*50.00

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REINSTATEMENT 2007

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #