

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90239 045 *****50.00

DOCUMENT # **L05000084192**

1. Entity Name

PATIO PARADISE LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9053 NAKOMA WAY

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State
WEEKI WACHEE, FL

City & State

4. FEI Number
83-0437286

Applied For
Not Applicable

Zip
34613

Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STEWART J. CAMPBELL
9053 NAKOMA WAY
WEEKI WACHEE, FL 34613**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AMANDA S. CAMPBELL
9053 NAKOMA WAY
WEEKI WACHEE, FL 34613**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

CR2E083B (12/02)