

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004901

FILED
Jun 09, 2008
Secretary of State

Entity Name: PARADISE GLASS COMPANY LLC

Current Principal Place of Business:

1614 LIME TREE DRIVE
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

1614 LIME TREE DRIVE
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 20-4154061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GROSSI, FRANK R
1614 LIME TREE DRIVE
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC
813 DELTONA BLVD
STE. A
DELTONA, FL 32725 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: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC.

06/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GROSSI, FRANK R
Address: 1614 LIME TREE DRIVE
City-St-Zip: EDGEWATER, FL 32132

Title: MGRM (X) Delete
Name: BARRINGER, LUKE
Address: 307 FLAGLER AV
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTINA CLARK FOR FRANK R GROSSI

MGRM

06/09/2008

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