

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021187

**FILED**  
**Jul 07, 2009**  
**Secretary of State**

**Entity Name:** PARADISE TAXI & TOUR, LLC

**Current Principal Place of Business:**

49 C CYPRESS POND ROAD  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

43 A CYPRESS PINE ROAD  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

P.O. BOX 1893  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

P.O. BOX 1341  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 26-0659249      **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:**

BRAD CONGLETON  
50 UPTOWN GRAYTON CIRCLE  
15  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

BRAD CONGLETON CPA, INC.  
50 UPTOWN GRAYTON CIRCLE  
15  
SANTA ROSA BEACH, FL 32459 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: BRAD CONGLETON

07/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DOHERTY, DAVID  
Address: P.O. BOX 1893  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES:**

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: DAVID DOHERTY

MGRM

07/07/2009

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