

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000050774

1. Entity Name
PARADISE MANAGEMENT COMPANY, LLC



FILED

2007 OCT 30 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10172007 REIN-LLC CR2E101 (1/07)

Principal Place of Business
3900 ORANGE GROVE BOULEVARD
NORTH FORT MYERS, FL 33903-4930

Mailing Address
3900 ORANGE GROVE BOULEVARD
NORTH FORT MYERS, FL 33903-4930

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

3. Mailing Address

Suite/Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

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
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 BOULEVARD
NORTH FORT MYERS, FL 339034930 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600111395936
10/26/07--01051--013 **50.00

TITLE
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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 #