

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000071683

1. Entity Name
PARADISE PAVERS & COPING, LLC



Principal Place of Business
**740 SOUTH U.S. HIGHWAY 441-27
LADY LAKE, FL 32159**

Mailing Address
**740 SOUTH U.S. HIGHWAY 441-27
LADY LAKE, FL 32159**



04102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1285966

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NICHOLAS, VINCENT D
740 SOUTH U.S. HIGHWAY 441-27
LADY LAKE, FL 32159**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000896065
04/24/08-80092-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NICHOLAS, VINCENT D
359 SUNNY OAKS WAY
LADY LAKE, FL 32159**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STEINMETZ, NEIL J
34105 PICCIOLA DRIVE
FRUITLAND PARK, FL 34731**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STEINMETZ, NANCY P
108 S. OLD DIXIE HIGHWAY
LADY LAKE, FL 32159**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/11/08

352-753-9009