

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000099178

Entity Name: PARADISE NORTH, LLC

FILED
May 21, 2009
Secretary of State

Current Principal Place of Business:

5904 THREE IRON DRIVE
UNIT #2104
NAPLES, FL 34110 US

New Principal Place of Business:

352 EDGEEMERE WAY NORTH
NAPLES, FL 34105 US

Current Mailing Address:

5904 THREE IRON DRIVE
UNIT #2104
NAPLES, FL 34110 US

New Mailing Address:

352 EDGEEMERE WAY NORTH
NAPLES, FL 34105 US

FEI Number: 20-5689996 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:

GEHRKE, CHARLES R
5129 CASTELLO DRIVE
SUITE #1
NAPLES, FL FL US

Name and Address of New Registered Agent:

WOLLMAN, EDWARD E
5129 CASTELLO DRIVE
SUITE #1
NAPLES, FL FL 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: EDWARD E. WOLLMAN

05/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STANLEY, JAMES W
Address: 5904 THREE IRON DRIVE, UNIT #2104
City-St-Zip: NAPLES, FL 34110 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STANLEY, JAMES W
Address: 352 EDGEEMERE WAY NORTH
City-St-Zip: NAPLES, FL 34105 US

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: JAMES W. STANLEY

MGRM

05/21/2009

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