

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000111048

FILED
Apr 02, 2008
Secretary of State

Entity Name: PARADISE PROPERTY RENTALS LLC

Current Principal Place of Business:

8981 DANIELS CENTER DR #201
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

8981 DANIELS CENTER DR #201
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

SANGUINE, LEN C
9346 TRIESTE DRIVE
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

SANGUINE, LEN C
13491 SABAL POINT DRIVE
FORT MYERS, FL 33905 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: LEN SANGUINE

04/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANGUINE, LEN C
Address: 9346 TRIESTE DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM () Delete
Name: WALKER, BURR
Address: 12031 BRAMBLE COVE DRIVE
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SANGUINE, LEN C
Address: 13491 SABAL POINT DRIVE
City-St-Zip: FORT MYERS, FL 33905

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: LEN SANGUINE

MGR

04/02/2008

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