

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000030710

FILED
Feb 19, 2009
Secretary of State

Entity Name: THE SACRED PARADISE, LLC

Current Principal Place of Business:

5261 E. ARBOR STREET
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

5261 E. ARBOR STREET
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 01-0573561 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:

Name and Address of New Registered Agent:

HAMILTON, KEELI
5261 E. ARBOR STREET
INVERNESS, FL 34452 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: KEELI HAMILTON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAMILTON, RICK
Address: 5261 E. ARBOR STREET
City-St-Zip: INVERNESS, FL 34452

Title: PCEO () Delete
Name: HAMILTON, RICK
Address: 5261 E. ARBOR STREET
City-St-Zip: INVERNESS, FL 34452

Title: SVP () Delete
Name: COLON, EDWIN
Address: 5261 E. ARBOR STREET
City-St-Zip: INVERNESS, FL 34452

Title: VP () Delete
Name: AUBUT, MICHAEL
Address: 5261 E. ARBOR STREET
City-St-Zip: INVERNESS, FL 34452

Title: VP () Delete
Name: BROOKS, JAMES
Address: 5261 E. ARBOR STREET
City-St-Zip: INVERNESS, FL 34452

Title: VP () Delete
Name: KING, PAUL
Address: 5261 E. ARBOR STREET
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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: H. LEE COOPER

CPA

02/19/2009

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