

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Dec 21, 2009  
Secretary of State**

DOCUMENT# L08000063340

Entity Name: PARADISE COLLECTIBLES LLC

**Current Principal Place of Business:**

8034 KINGSWOOD RD  
PANAMA CITY, FL 32409

**New Principal Place of Business:**

**Current Mailing Address:**

8034 KINGSWOOD RD  
PANAMA CITY, FL 32409

**New Mailing Address:**

FEI Number: 26-2633004      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:**

WOODRUM, ANFE  
8034 KINGSWOOD RD  
PANAMA CITY, FL 32409      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: ANFE' WOODRUM

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: HETRICK, DAVID I  
Address: 137 LINDA AV  
City-St-Zip: PANAMA CITY, FL 32401

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

Title: MGRM      (X) Delete  
Name: WOODRUM, LEONARD M  
Address: 8034 KINGSWOOD RD  
City-St-Zip: PANAMA CITY, FL 32409

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: DAVID I HETRICK

MGR

12/21/2009

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