

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000064036

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** PARADISE INSURANCE ENTERPRISES, PL

**Current Principal Place of Business:**

1 COUNTY ROAD  
BIG PINE KEY, FL 33043 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 420125  
SUMMERLAND KEY, FL 33042 US

**New Mailing Address:**

**FEI Number:** 80-0441830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, G. ELIZABETH  
29577 BIG PINE STREET  
BIG PINE KEY, FL 33043 US

**Name and Address of New Registered Agent:**

THOMPSON, G. ELIZABETH  
29555 LUCRECIA STREET  
BIG PINE KEY, FL 33043 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/29/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: THOMPSON, G. ELIZABETH  
Address: 1 COUNTY ROAD  
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: VP  
Name: THOMPSON, MICHAEL L  
Address: 1 COUNTY ROAD  
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: S/TR  
Name: THOMPSON, ASHLEY M  
Address: 1 COUNTY ROAD  
City-St-Zip: BIG PINE KEY, FL 33043

I hereby 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: G. ELIZABETH THOMPSON

PRES

04/29/2010

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