

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000006623

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** PARADISE HOME SOLUTIONS OF SW FL, LLC

**Current Principal Place of Business:**

7670 BRISTOL CIR.  
NAPLES, FL 34120 US

**New Principal Place of Business:**

5061 HAWTHORN WOODS WAY  
NAPLES, FL 34116 US

**Current Mailing Address:**

7670 BRISTOL CIR.  
NAPLES, FL 34120 US

**New Mailing Address:**

5061 HAWTHORN WOODS WAY  
NAPLES, FL 34116 US

FEI Number: 27-1765903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AUSTIN, SHERI L  
7670 BRISTOL CIR.  
NAPLES, FL 34120 US

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

AUSTIN, SHERI L  
5061 HAWTHORN WOODS WAY  
NAPLES, FL 34116 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

04/29/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AUSTIN, SHERI L  
Address: 5061 HAWTHORN WOODS WAY  
City-St-Zip: NAPLES, FL 34116 US

Title: MGRM  
Name: AUSTIN, RICKEY L  
Address: 5061 HAWTHORN WOODS WAY  
City-St-Zip: NAPLES, FL 34116 US

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: SHERI L AUSTIN

MGRM

04/29/2011

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