L180000 53777

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
wrong form			

Office Use Only



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JUL 1 6 2019 D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PARA	DISE LAND PC LLC
DOCUMENT NUMBER:	L18000053777
The enclosed Statement of Change of Reg fee(s) are submitted for filing.	gistered Office and/or Registered Agent and
Please return all correspondence concerning	ng this matter to:
Mona Ismail	
Contact Person	
PARADISE LAND PC LI	LC _
Firm/Company	
4209 Northshore Islands	Rd
Address	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Panama City FL 32405	
City, State and Zip Code	5
futurellc@yahoo.co	
E-mail address: (to be used for future annual	• • • • • • • • • • • • • • • • • • • •
For further information concerning this ma	•
Mona Ismail	at (850) 59605476
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable	to the Florida Department of State.
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301



June 27, 2019

MONA ISMAIL PARADISE LAND PC LLC 4209 NORTHSHORE ISLANDS RD PANAMA CITY, FL 32405

SUBJECT: PARADISE LAND PC LLC

Ref. Number: L18000053777

We have received your document for PARADISE LAND PC LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

2019 JUL 12 PM 3:1

Letter Number: 319A00013066

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State confider.

Fl	lorida.	
1.	Name of the limited liability company: Pavadise Land VC	110
2.	Principal office address of limited liability company fl 32405 Note: MUST BE STREET ADDRESS) AAAMA City Fl 32405 Mailing address of limited liability company fl 32405 (Note: MAY BE POS) AAAMA City Fl 32405	
3. 5.	11 5-11	, 5377
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Compared Agent and Registered Office Address	SELREGARZ HVISION OF CO
	(b) May Mohamed Enter name of NEW Registered Agent and/or NEW Registered Office address: 4209 Now Mashor Islands Red NEW Registered Office Address:	EU OF STATE ORPORATIONS PM 12: 09
	-Panama City	
th ag w	the limited liability company is not organized under the laws of the State of Florida, it is hereby company or changes are made, the Florida street address of the registered office and the business of gent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed has/were authorized by an affirmative vote of the members of the limited liability company or as other articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	ffice of the registered that the change(s) nerwise provided in
I pr th to	Signature of a member or authorized representative of a member hereby accept the appointment as registered agent and agree to act in this capacity. I further agree ovisions of all statutes relative to the proper and complete performance of my duties, and I am Jan are obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do merely reflect a change in the registered office address, I hereby confirm that the limited liability of this change.	on to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00