2001	UNIFOR	M BUSIN	IESS REPOF	RT.(UBF	R)	at the state of th	B	
DOCUMENT # L9900003074						FILED		
PARADISE BAY ENTERPRISES, L.C.						01 MAR -1 AM 8: 48		
	4					CCCDCTARY OF	ŜΤΆΤΕ	
Principal Place of Business Mailing Address				•	SECRETARY OF STATE TALLAHASSEE. FLORIDA			
3521 ALMÉRIA AVENUE SARASOTA FL 34239			P.O. BOX 2291 Sarasota FL 34230			<u>.</u>		
2. Principal Place of Business			3. Mailing Address					
9547 Hawksmoor Lane:			9547 Hawksmoor Lane					
Súite, Apt. #, etc.			Suite, Apt. #, etc.			65-1076	317	
City & State			City & State Sarasota, FL		4. FEI N	lumber	Applied For Not Applicable	
<u>Sarasota</u> Zip	Count	rv	Zip	Country			\$5.00 Additional	
34238	U.	· , ,	34238	U.S.		ficate of Status Desired	Fee Required	
	6. Name and Add	ress of Current Reg	stered Agent	Name _	7. Nam	e and Address of New Regist	ered Agent	
FRANGIE, RAMSEY J				JOHN D. DUMBAUGH, ESQ. Street Address (P.O. Box Number is Not Acceptable)				
3521 ALMERIA AVENUE								
SARASOTA FL 34239				1900 City .	1900 RINGLING BLVD. City SARASOTA FL Zip Code 34236			
8. The above r	named entity submits	this statement for th	e purpose of changing its re	gistered office or	registered agent,	or both, in the State of Florida.	•	
SIGNATURE _	JOHN D. D	UMBAUGH	itle if applicable. (NOTE:	PL C	ne required when reinstat	baye:	2-14-01 DATE	
			FILE NO\ Make Check Pays	W!!! FEE IS \$ able to Departi				
9.	M	ANAGING MEMBERS		10.		ADDITIONS/CHA		
TITLE .	MGRM Delete			NAME	MGRM-	TICO'A	Change 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	FRANGIE, RAMSEY J 492 MEADOW SWEET CIRCLE OSPREY FL 34221			STREET ADDRESS CITY-ST-ZIP	PIERA BUSCA 9547 Hawksmoor Lane Sarasota, FL 34238			
TITLE	USFRETTE STZZ	<u></u>	☐ Delete	TITLE	MGRM		Change 🔲 Addition	
NAME			_ 55,65	NAME	UGO SER			
STREET ADDRESS				STREET ADDRESS CITY-ST-ZIP		ano Indiano 14	•	
CITY-ST-ZIP				TITLE	Pomezia MGRM	- (Rome) Italy	Change Addition	
TITLE :IAME			☐ Delete	NAME	RENATO	MAURO		
STREET ADDRESS				STREET ADDRESS		odoto di Efeso 2	:0	
CITY-ST-ZIP				CITY-ST-ZIP	Rome. I	taly	Channa C Addition	
TITLE			☐ Delete	TITLE NAME			Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP		·		STREET ADDRESS CITY-ST-ZIP		3000038 -03/09/0 ******50)[0]0[5005).nn *****50.00	
TITLE		•••	☐ Delete	TITLE			Change Addition	
NAME		•		NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP		-		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

PIERA BUSCA, Managing Member

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADURESS

CITY-ST-ZP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

Change

☐ Addition