

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90238 006 ****55.00

DOCUMENT # **M00000000010086**

1. Entity Name

PARADISE INVESTMENTS LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8488 Radcliffe

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TERRACE 101

City & State

NAPLES FL

Zip

Country

34120 USA

4. FEI Number

43-1895114

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **LINDA SANFILIPPO**

Street Address (P.O. Box Number is Not Acceptable)

8488 RADCLIFFE TER 101

City **NAPLES**

FL

Zip Code **34120**

**DO NOT WRITE
IN THIS SPACE**

8. 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

Linda Sanfilippo

LINDA SANFILIPPO

DATE

7/2/02

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**LINDA SANFILIPPO MGRM
8488 RADCLIFFE TER 101
NAPLES, FL 34120**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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.

SIGNATURE:

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

Linda Sanfilippo

Date

Daytime Phone #

7/2/02 239-304-5489

CR2E083B (12/01)