

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002694

Entity Name: PARADIES SHOPS, L.L.C.

FILED
Sep 16, 2009
Secretary of State

Current Principal Place of Business:

6000 OSCEOLA PWY
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

PO BOX 43485
ATLANTA, GA 30336

New Mailing Address:

FEI Number: 58-2313624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DICKSON, DICK
Address: 5950 FULTON INDUSTRIAL BV
City-St-Zip: ATLANTA, GA 30336

Title: MGRM () Delete
Name: PARADIES, GREGG
Address: 5950 FULTON INDUSTRIAL BV
City-St-Zip: ATLANTA, GA 30336

Title: MGRM () Delete
Name: MAREK, DON
Address: 5950 FULTON INDUSTRIAL BV
City-St-Zip: ATLANTA, GA 30336

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DON MAREK

MGRM

09/16/2009

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