

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000004016

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** PARADOX ENTERPRISES, LLC

**Current Principal Place of Business:**

1106 OLD HARBOR DRIVE  
CLIFTON PARK, NY 12065

**New Principal Place of Business:**

**Current Mailing Address:**

1106 OLD HARBOR DRIVE  
CLIFTON PARK, NY 12065

**New Mailing Address:**

**FEI Number:** 20-0186162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

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

LAW OFFICE OF SAUNDERS & SAUNDERS, P.A.  
7232 W. SAND LAKE ROAD  
SUITE202  
ORLANDO, FL 32819 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: BART R. SAUNDERS

01/13/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WHALEN, BARBARA H  
Address: 1106 OLD HARBOR DRIVE  
City-St-Zip: CLIFTON PARK, NY 12065

Title: MGRM  
Name: WHALEN, TIMOTHY E  
Address: 1106 OLD HARBOR DRIVE  
City-St-Zip: CLIFTON PARK, NY 12065

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: BARBARA H WHALEN

MGRM

01/13/2010

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