2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# M07000006656

Entity Name: PARADISE SETTLEMENT SERVICES, LLC

Current Principal Place of Business:

401 E CORPORATE DR, SUITE 100
LEWISVILLE, TX 75067

New Principal Place of Business:

Current Mailing Address:

401 E CORPORATE DR, SUITE 100
LEWISVILLE, TX 75067

New Mailing Address:

FEI Number: 26-0904413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:	MCLUCAS, CHRISTOPHER J	
Address:	8700 PERRY HWY STE 101	
City-St-Zip:	PITTSBURG, PA 15237	
Title:	MGRM	( ) Delete
Name:	PESKIN, DAVID	
Address:	3 HUNTINGTON QUADRANGLE NORTH	
City-St-Zip:	MELVILLE, NY 11747	
Title:	MGRM	( ) Delete
Name:	PESKIN, KENNETH	
Address:	3 HUNTINGTON QUADRANGLE NORTH	
City-St-Zip:	MELVILLE, NY 11747	

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: DAVID PESKIN MGRM 04/20/2009

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