

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

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90086 008 ****50.00

DOCUMENT # M98000000234

1. Entity Name

PARADIES & ASSOCIATES, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5950 Fulton Industrial Blvd.

3. Mailing Address

P.O. Box 43485

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Atlanta, GA

City & State
Atlanta, GA

4. FEI Number
58-2233126

Applied For

Not Applicable

Zip
30336

Country
US

Zip
30336

Country
US

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
CT Corporation System

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

1200 S. Pine Island Road

City
Plantation FL Zip Code
33324

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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
President
Dick Dickson
5950 Fulton Industrial Blvd.
Atlanta, GA 30336

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sr. VP/COO
Gregg Paradies
5950 Fulton Industrial Blvd.
Atlanta, GA 30336

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP of Finance
Don Marek
5950 Fulton Industrial Blvd.
Atlanta, GA 30336

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

Date

Daytime Phone #

404-344-7905

CR2E083B (12/01)