2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089770

Entity Name: PARADIES-BROWARD, LLC

Current Principal Place of Business:

2849 PACES FERRY ROAD

SUITE 400

ATLANTA, GA 30339

Current Mailing Address:

2849 PACES FERRY ROAD

SUITE 400

ATLANTA, GA 30339 US

FEI Number: 20-5619438 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

FILED Jan 16, 2019

Secretary of State

0211363477CC

Authorized Person(s) Detail:

SUITE 400

Title MANAGER Title MANAGER

Name PARADIES, GREGG Name NORRIS-WEEKS, BURNADETTE

Address 2849 PACES FERRY ROAD Address 2849 PACES FERRY ROAD

SUITE 400

City-State-Zip: ATLANTA GA 30339 City-State-Zip: ATLANTA GA 30339

Title MANAGER Title MANAGER

Name RUFFIN, JOHN Name SOLDANI, MARIA

Address 2849 PACES FERRY ROAD Address 2849 PACES FERRY ROAD

SUITE 400 SUITE 400

City-State-Zip: ATLANTA GA 30339 City-State-Zip: ATLANTA GA 30339

Title MANAGER Title MANAGER

Name SUTTLE, KAREN Name MCCARTER, JAN

Address 2849 PACES FERRY ROAD Address 2849 PACES FERRY ROAD

SUITE 400 SUITE 400

City-State-Zip: ATLANTA GA 30339 City-State-Zip: ATLANTA GA 30339

Title MANAGER

Address

THE MAINTELLY

Name KERSEY, CHUCK

SUITE 400

2849 PACES FERRY ROAD

City-State-Zip: ATLANTA GA 30339

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN SUTTLE MANAGER 01/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date