

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000081245

Entity Name: ILEPARADIS LLC

Current Principal Place of Business:

13543 AQUILINE ROAD
JACKSONVILLE, FL 32224

Current Mailing Address:

PO BOX 294
WAYNE, IL 60184

FEI Number: 46-3401089

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MULLIN, WENDY
13543 AQUILINE ROAD
JACKSONVILLE, FL 32224 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

Authorized Person(s) Detail :

Title MGRM
Name MULLIN, WENDY
Address 13543 AQUILINE ROAD
City-State-Zip: JACKSONVILLE FL 32224

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: WENDY MULLIN

02/23/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date