

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000184008

Entity Name: PAPPY'S PARADISE, LLC.**Current Principal Place of Business:**4159 POPPY'S FARM ROAD
LAKE PARK, GA 31636**Current Mailing Address:**4159 POPPY'S FARM ROAD
LAKE PARK, GA 31636 US**FEI Number:** 47-3330246**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WARREN, J. RYAN
138 MAGELLAN STREET
PORT ST JOE, FL 32456 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	MGR
Name	COPELAND, JAMES V
Address	4159 POPPY'S FARM ROAD
City-State-Zip:	LAKE PARK GA 31636

Title	AMBR
Name	COPELAND, VICKY L
Address	4159 POPPY'S FARM ROAD
City-State-Zip:	LAKE PARK GA 31636

Title	AMBR
Name	WARREN, NIKKI C
Address	4200 DASHER ROAD
City-State-Zip:	LAKE PARK GA 31636

Title	AMBR
Name	WARREN, J. RYAN
Address	4200 DASHER ROAD
City-State-Zip:	LAKE PARK GA 31636

Title	AMBR
Name	DYKES, KRISTIN M
Address	4274 EZELLE ROAD
City-State-Zip:	VALDOSTA GA 31606

Title	AMBR
Name	DYKES, GABE M
Address	4274 EZELLE ROAD
City-State-Zip:	VALDOSTA GA 31606

Title	AMBR
Name	COPELAND, SARAH
Address	4158 DASHER ROAD
City-State-Zip:	LAKE PARK GA 31636

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: KRISTIN M. DYKES

AMBR

01/12/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date