

2019 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 4536 ZIPPERER ROAD
City-State-Zip: VALDOSTA GA 31606

Title AMBR
Name WARREN, J. RYAN
Address 4536 ZIPPERER ROAD
City-State-Zip: VALDOSTA GA 31606

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 4159 POPPY'S FARM 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

01/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date