

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000016501

**Entity Name:** PARADISE MULTIPLEX, LLC

**Current Principal Place of Business:**

6280 150TH AVE. N  
CLEARWATER, FL 33760

**Current Mailing Address:**

PARADISE MULTIPLEX, LLC  
26 ISLAND DR.  
TREASURE ISLAND, FL 33706-1202 US

**FEI Number:** 82-0728711

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

KAWOHL, STEVEN M  
26 ISLAND DR  
TREASURE ISLAND, FL 33706-1202 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            AMBR  
Name            KAWOHL, STEVEN M  
Address        26 ISLAND DR  
City-State-Zip: TREASURE ISLAND FL 33706

Title            MGR  
Name            KAWOHL, PAMELA M  
Address        26 ISLAND DR  
City-State-Zip: TREASURE ISLAND FL 33706

*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:** STEVEN M KAWOHL

AMBR

02/03/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date