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## Detail by Entity Name

Florida Limited Liability Company  
PARADISE ENTERPRISES, LLC

### Filing Information

<b>Document Number</b>	L10000100630
<b>FEI/EIN Number</b>	32-0323553
<b>Date Filed</b>	09/27/2010
<b>Effective Date</b>	10/01/2010
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	LC AMENDMENT
<b>Event Date Filed</b>	10/17/2011
<b>Event Effective Date</b>	NONE

### Principal Address

100 GRINNELL STREET  
KEY WEST FERRY STREET  
KEY WEST, FL 33040

Changed: 08/23/2013

### Mailing Address

100 GRINNELL STREET  
KEY WEST FERRY STREET  
KEY WEST, FL 33040

Changed: 08/23/2013

### Registered Agent Name & Address

FOGARTY, J R  
100 GRINNELL STREET  
KEY WEST, FL 33040

Name Changed: 06/27/2013

Address Changed: 06/27/2013

### Authorized Person(s) Detail

#### **Name & Address**

Title MGRM

FOGARTY, J R

100 GRINNELL STREET  
KEY WEST FERRY STREET  
KEY WEST, FL 33040

**Annual Reports**

Report Year	Filed Date
2015	01/03/2015
2016	02/24/2016
2017	01/08/2017

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Florida Department of State, Division of Corporations

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000100630

**Entity Name:** PARADISE ENTERPRISES, LLC

**Current Principal Place of Business:**

100 GRINNELL STREET  
KEY WEST FERRY STREET  
KEY WEST, FL 33040

**Current Mailing Address:**

100 GRINNELL STREET  
KEY WEST FERRY STREET  
KEY WEST, FL 33040 US

**FEI Number:** 32-0323553

**Certificate of Status Desired:** No

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

FOGARTY, J R  
100 GRINNELL STREET  
KEY WEST, FL 33040 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:** J R FOGARTY

01/08/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FOGARTY, J R  
Address 100 GRINNELL STREET  
KEY WEST FERRY STREET  
City-State-Zip: KEY WEST FL 33040

*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:** J R FOGARTY

**MANAGER**

01/08/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date