## **2005 LIMITED LIABILITY COMPANY** ANNUAL REPORT

DOCUMENT # L00000015021

## **FILED** Jun 27, 2005 8:00 am Secretary of State

06-27-2005 90135 014 \*\*\*\*50.00

		TIONS INTERNATIONAL W TY SERVICES LLC	ORLDWIDE									
ŀ	Principal Place	e of Business	Mailing Address	1 -			0 1	2007				
		EDE LEON BLVD., SUITE 600 ES, FL 33134	BLVD., SUITE 60 134	0		200	60687					
ļ						<b>                                  </b>						
ľ	2. Principal P	lace of Business	3. Mailing Address									
L		TEBRATION PLACE	215 CELEBRAT	ION PLACE								
l	Suite, Apt. #500	#, etc.	Suite, Apt. #, etc. #500			06232005	Chg-LLC	CR2	E083 (1	0/03)		
ŀ	City & State	e	City & State			4. FEI Numbe	ır			Ap	plied For	
l	CELEBR		CELEBRATION.	$\operatorname{FL}$		65-108			}		t Applicable	
ľ	Zip 34747	Country USA	<sup>Zip</sup> 34747	Country USA		5. Certificate	of Status Des	sired 🗌		0 Addi		
Ţ		6. Name and Address of Current I	Registered Agent		<u>'</u>	7. Name and	Address of	New Register	ed Agent			
	CHERAN	100051		Name								
GURIAN, JORGE L 2100 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134					Street Address (P.O. Box Number is Not Acceptable)							
l		,										
				City			•	F	L Zi	ip Code	3	
ŀ		named entity submits this statement for	the purpose of changing its	registered office o	r registere	d agent, or bot	h, in the State	_		ar with, a	and accept	
l	the obligati	ions of registered agent.										
ļ	SIGNATURE .	Signature, byned or printed name of registered agent a	not title if annicable (NOTE	- Bogistored Apent signs:	hara consisted w	bas reinglation)		DAI	·c			
	SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered Agent signal	ture required w	rhen reinstating)		DA	E			
	Fili	Signature, typed or printed name of registered agent a ing Fee is \$50.00 by September 7, 2005	nd title if applicable. (NOTE:	: Registered Agent signal	ure required w	rhen reinstating)	F	Make chec	k payabl			
	Fili	ing Fee Is \$50.00		: Registered Agent signal				Make chec	k payabl		•	
	Fil Due b	ing Fee is \$50.00 y September 7, 2005 MANAGING MEMBEI			MGRM		ADDIT	Make chec lorida Depa	k payabl tment o		Addition	
	9. TITLE NAME	ing Fee is \$50.00 by September 7, 2005  MANAGING MEMBEI  MGRM  GRADY, JOHN C	RS/MANAGERS      3   Delete	10. TITLE NAME	MGRM GRAD	Y, JOHN	ADDIT	Make chec lorida Depai	k payabletment o	f State		
	9.  TITLE NAME STREET ADDRESS	ing Fee is \$50.00 by September 7, 2005  MANAGING MEMBER  MGRM  GRADY, JOHN C  2100 PONCE DE LEON BLVD., S	RS/MANAGERS      3   Delete	10. TITLE NAME STREET ADDRESS	MGRM GRADY 95 MI	Y, JOHN ERRICK W	addit C WAY, SU	Make checilorida Depar	k payabletment o	f State		
	9.  IIILE NAME STREET ADDRESS CITY-S1-ZIP	ing Fee is \$50.00 by September 7, 2005  MANAGING MEMBEI  MGRM  GRADY, JOHN C	RS/MANAGERS  The Delete  SUITE 600	10. TITLE NAME STREET ADDRESS CITY-S1-ZIP	MGRM GRADY 95 MI	Y, JOHN	addit C WAY, SU	Make chec lorida Depai	k payabletment o	f State	☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: JWW SUMMER OF SIGNALURE AND THE OF SIGNALURE

Delete

JOHN GRADY ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Change

☐ Addition