

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90408 020 ****50.00

DOCUMENT # **L010000014937**

1. Entity Name

World Property of Jessup, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3553 Greenfield Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 681958

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3744615

Applied For

Not Applicable

Zip

32808

Country

Orange

Zip

32868

Country

Orange

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Edward Glover

Street Address (P.O. Box Number is Not Acceptable)

3553 Greenfield Ave

City

Orlando

FL

Zip Code

32808

**DO NOT WRITE
IN THIS SPACE**

8. 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

Edward Glover

Signature, typed or printed name of registered agent and title if applicable

4-28-02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

**MGR
Glover, Edward
3553 Greenfield Ave
Orlando, FL 32808**

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

**MGR
Glover, Sandra
3553 Greenfield Ave
Orlando, FL 32808**

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

Sandra Glover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-02

Date

Daytime Phone #