

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90005 012 ****50.00

DOCUMENT # L03000029991 1. Entity Name WORLD'S LARGEST, LLC					
Principal Place of Business 1028 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701 US			Mailing Address 397 N. BABCOCK STREET MELBOURNE, FL 32935 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04282004 Chg-LLC CR2E083 (10/03)	
Zip Country		Zip Country		4. FEI Number 20-0149245	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BOUVIER, PAUL A 3210 N. WICKHAM ROAD 5 MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name Dave Presnick 96 Williard Street, Suite 302 Cocoa, FL 32922		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>David M Presnick</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			Manager Sei Hwan Pak 397 N. Babcock Street Melbourne, FL 32935		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			Manager Mark Salmon 397 N. Babcock Street Melbourne, FL 32935		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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.					
SIGNATURE: <u><i>Sei Hwan Pak</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>4/30/04</u> Daytime Phone # _____		