

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90020 020 ****50.00

DOCUMENT # L04000015187

1. Entity Name

WORLD REALTY GROUP, LLC



Principal Place of Business

5 RIVERVIEW DRIVE
SEWALLS POINT FL 34996

Mailing Address

5 RIVERVIEW DRIVE
SEWALLS POINT FL 34996



2. Principal Place of Business

1055 E. Ocean Blvd.

Suite, Apt. #, etc.

N/A

3. Mailing Address

SAME

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

Stuart, Florida

City & State

4. FEI Number

05-0599594

Applied For

Not Applicable

Zip

34996

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JERRY E. ARON, P.A.
2505 METROCENTRE BOULEVARD
SUITE 301
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

MANAGING MEMBER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*William W. Gavel
MANAGER
5 RIVERVIEW DRIVE
SEWALLS POINT, FL 34996*

☐ Delete

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

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

William W. Gavel

Date

4/19/05

Daytime Phone #

772-286-7322