

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L04000039501

1. Entity Name
WORLD OF CHOPPERS, LLC



Principal Place of Business
37 SUNDUNES CIRCLE
DAYTONA BEACH, FL 32127

Mailing Address
37 SUNDUNES CIRCLE
DAYTONA BEACH, FL 32127



04172007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1246283

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RECEL, ERGUN THOMAS
37 SUNDUNES CIRCLE
DAYTONA BEACH, FL 32127

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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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee Is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME RECEL, ERGUN T
STREET ADDRESS 37 SUNDUNES CIRCLE
CITY-ST-ZIP DAYTONA BEACH, FL 32127

TITLE MGRM
NAME DODANI, ARJAN I
STREET ADDRESS 500 N OLEANDER AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE MGRM
NAME GEORGE, NICHOLAS A
STREET ADDRESS 500 N OLEANDER AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE MGRM
NAME GIIST, NIR
STREET ADDRESS 37 SUNDUNES CIR
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE MGRM
NAME GIIST, LIYA
STREET ADDRESS 37 SUNDUNES CIR
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE MGRM
NAME ISKENDAR, TAYLAN C
STREET ADDRESS 6809 HENNO CT
CITY-ST-ZIP PORT ORANGE, FL 32128

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IN THIS SPACE**

U000000743304
05/15/07-80103-023 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

04/27/07 (386) 253-1697

Date

Daytime Phone