2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# L04000039501

Entity Name: WORLD OF CHOPPERS, LLC

Current Principal Place of Business:

37 SUNDUNES CIRCLE
DAYTONA BEACH, FL 32127

New Principal Place of Business:

Current Mailing Address:

37 SUNDUNES CIRCLE
DAYTONA BEACH, FL 32127

New Mailing Address:

FEI Number: 20-1246283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	RECEL, ERGUN T	
Address:	37 SUNDUNES CIRCLE	
City-St-Zip:	DAYTONA BEACH, FL 32127	
Title:	MGRM	( ) Delete
Name:	DODANI, ARJAN [	
Address:	500 N OLEANDER AVENUE	
City-St-Zip:	DAYTONA BEACH, FL 32118	
Title:	MGRM	( ) Delete
Name:	GEORGE, NICHOLAS A	
Address:	500 N OLEANDER AVENUE	
City-St-Zip:	DAYTONA BEACH, FL 32118	
Title:	MGRM	( ) Delete
Name:	GIIST, NIR	
Address:	37 SUNDUNES CIR	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	MGRM	( ) Delete
Name:	GIIST, LIYA	
Address:	37 SUNDUNES CIR	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	MGRM	( ) Delete
Name:	ISKENDAR, TAYLAN C	
Address:	6809 HENNO CT	
City-St-Zip:	PORT ORANGE, FL 32128	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	GIIST, LIYA	
Address:	18 MOSS POINT DR	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERGUN T RECEL PRES 04/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date