

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000039501

1. Entity Name  
WORLD OF CHOPPERS, LLC



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 15 PM 2: 59

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

Mailing Address  
37 SUNDUNES CIRCLE  
DAYTONA BEACH, FL 32127

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222008 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
G-GANG, INC.  
500 N. Oleander Avenue  
Daytona Beach, FL 32118 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
DODANI, ARJAN  
500 N OLEANDER AVENUE  
DAYTONA BEACH, FL 32118 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
  
600129602456  
05/15/08--01031--003 \*\*\$50.00 ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
GIIST, LIYA  
18 MOSS POINT DR  
ORMOND BEACH, FL 32174 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
  
☐ Change ☐ Addition

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: *Nicholas George*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/22/08 (386) 253-1697

Date

Daytime Phone #