

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90343 021 ****50.00

DOCUMENT # L04000063237

1. Entity Name

CULTURE WITHOUT BORDERS, LLC



Principal Place of Business

1421 GOLFVIEW DRIVE
DAYTONA BEACH FL 32114

Mailing Address

~~1421 GOLFVIEW DRIVE~~
~~DAYTONA BEACH FL 32114~~

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

3. Mailing Address

1182 SUWANEE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAYTONA BEACH, FL

Zip

Country

Zip

Country

32114

USA

4. FEI Number

34-2012631

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

PERSCHMANN, LUTZ
1182 SUWANEE ROAD
DAYTONA BEACH FL 32114

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 resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRP
DUESSMANN, JENS
1421 GOLFVIEW DRIVE
DAYTONA BEACH FL 32114 ☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lutz Perschmann **LUTZ PERSCHMANN**

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

3-29-07 386-255-0086

Date

Daytime Phone #