

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000073285

1. Entity Name
WORLDWIDE IMPORT GROUP, LLC



Principal Place of Business
6270 EDGEWATER DRIVE
SUITE 4600
ORLANDO, FL 32810

Mailing Address
6270 EDGEWATER DRIVE
SUITE 4600
ORLANDO, FL 32810



01072007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1737692

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOESLY, KIM W
6270 EDGEWATER DRIVE
SUITE 4600
ORLANDO, FL 32810

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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

1000000630214
02/19/07-80032-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HOESLY, KIM W
6270 EDGEWATER DR., SUITE 4600
ORLANDO, FL 32810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HOESLY, RICK
6270 EDGEWATER DR., SUITE 4600
ORLANDO, FL 32810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date _____

Daytime Phone # _____