


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90066 020 \*\*\*138.75

<b>DOCUMENT # L04000073285</b>	
1. Entity Name <b>WORLDWIDE IMPORT GROUP, LLC</b>	

Principal Place of Business <b>6270 EDGEWATER DRIVE SUITE 4600 ORLANDO, FL 32810</b>	Mailing Address <b>6270 EDGEWATER DRIVE SUITE 4600 ORLANDO, FL 32810</b>
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600003140

2. Principal Place of Business, No P.O. Box # <b>* 1100 S Orlando Ave #301</b>	3. Mailing Address <b>* 1100 S Orlando Ave #301</b>
Suite, Apt. #, etc. <b>301</b>	Suite, Apt. #, etc. <b>301</b>



01212008 Chg-LLC CR2E083 (12/06)

City & State <b>Ma. Hall FL</b>	City & State <b>Ma. Hall FL</b>
Zip <b>32751</b>	Country <b>Orange</b>

4. FEI Number <b>20-1737692</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HOESLY, KIM W 6270 EDGEWATER DRIVE SUITE 4600 ORLANDO, FL 32810</b>	
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7. Name and Address of New Registered Agent	
Name <b>Kim Hoesly</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>* 1100 S Orlando Ave #301</b>	
City <b>Ma Hall</b>	FL Zip Code <b>32751</b>

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75~**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOESLY, KIM W 6270 EDGEWATER DR., SUITE 4600 ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOESLY, RICK 6270 EDGEWATER DR., SUITE 4600 ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **1/28/08** Daytime Phone # \_\_\_\_\_