

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90132 002 ****50.00

DOCUMENT # L05000018573

1. Entity Name
NET WORTH MEDIA LLC



Principal Place of Business
**% READY HELI
354 N CYPRESS DR.
TEQUESTA, FL 33469 US**

Mailing Address
**% READY HELI
354 N CYPRESS DR.
TEQUESTA, FL 33469 US**



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

01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-2399366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRECO, JOHN F JR.
158 SWEET BAY CIRCLE
JUPITER, FL 33458**

7. Name and Address of New Registered Agent

Name

John Greco Jr.

Street Address (P.O. Box Number is Not Acceptable)

103 W Indian Crossing Circle

City

Jupiter

FL

Zip Code

33458

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)

1/9/07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GRECO, JOHN F JR.
158 SWEET BAY CIRCLE
JUPITER, FL 33458** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**103 W Indian Crossing Cir
Jupiter, FL 33458** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GRECO, JENNIFER M
158 SWEET BAY CIRCLE
JUPITER, FL 33458** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**103 W Indian Crossing Cir
Jupiter, FL 33458** ☒ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-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:

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

1/9/07

Date

561-575-1118

Daytime Phone #