## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L 05000030441

## FILED Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90026 010 \*\*\*\*50.00

1. Entity Name									
Worth Comp	oany LLC								
DO NOT WRITE IN THIS SPACE							20033226		
2. Principal Place of Business 3.			Mailing Address						
2503 SE 19th Circle Suite, Apt. #, etc			2503 SE 19th Circle Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & St	 tate		City & State			4. FEI	4. FEI Number Applied For		
Ocala, FL Zip			la, FL ip	T Co	ountry	294-82		X Not Applicable	
34471	US 34471		•	US			icate of Status Desired	\$5.00 Additional Fee Required	
	-				Name	7. Name a	nd Address of Curre	nt Registered Agent	
	DO NOT WRITE				Daniel Fox Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE					2503 SE 19th Circle				
			1		City			Zip Code	
					Ocala	FL  34471			
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 PANIEL L. FRX									
Signature, typed or printed name of registered agent and title if applicable.  DATE									
FEE IS \$50.00									
			Make Chec		ile to Department o	f State			
9.	MANAGING MEMBER	S/MANA	GERS	T					
TITLE NAME					Æ			5	
STREET ADDRESS	2503 SE 19th Circle			NAM STR	REET ADDRESS	Shernara aranga			
CITY-ST-ZIP	Ocala, FL 34471			сп	-ST-ZIP				
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 15 1-16-06 407-227-2821									
SIGNATURE AND T	TYPED OR PRINTED NAME OF SIGNING MANAGING	MEMBER, MANAC	BER, OR AUTHORIZED REPRI	ESENTATIVE			Date	Daytime Phone #	