

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036092

FILED
Jun 27, 2009
Secretary of State

Entity Name: WORLDWIDE CONSULTANTS, LLC

Current Principal Place of Business:

7971 DENI DR SUITE 100
N FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

7971 DENI DR SUITE 100
N FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 20-2964047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KURCINA, RICHARD
7971 DENI DR SUITE 100
N FORT MYERS, FL 33917 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGM () Delete
Name: KURCINA, RICHARD
Address: 7971 DENI DR.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: MM () Delete
Name: KURCINA, RENATE
Address: 7971 DENI DR.
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES:

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD KURCINA

MR.

06/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date