

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # **L05000091987**

1. Entity Name

World of homes LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
500 S.R 436 2016

3. Mailing Address
500 S.R 436 2022

Suite, Apt. #, etc

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CASSELBERRY, FL

City & State
CASSELBERRY, FL

4. FEI Number
20-3489935

Applied For
Not Applicable

Zip
32707

Country

Zip
32707

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
SINGH, BALWINDER S

Street Address (P.O. Box Number is Not Acceptable)
500 S.R 436

2022

City
CASSELBERRY

FL Zip Code
32707

**DO NOT WRITE
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.

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

DATE
04/08/06-80036 007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SINGH, BALWINDER S
500 S.R 436, # 2022
CASSELBERRY FL 32707 US

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
AULAKH, RANJIT SINGH
500 S.R 436, # 2022
CASSELBERRY FL 32707 US

TITLE
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Aulakh

03/15/06

Date

Daytime Phone #

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