

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000030154

1. Entity Name

WORTHING PLACE REALTY, LLC



Principal Place of Business

900 EAST ATLANTIC AVE., SUITE 13
DELRAY BEACH, FL 33483-6954

Mailing Address

900 EAST ATLANTIC AVE., SUITE 13
DELRAY BEACH, FL 33483-6954



03062008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

03-0585815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JONATHAN J. LICHTMAN, P.A.
20283 STATE RD.7
SUITE 300
BOCA RATON, FL 33498

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000937536
05/27/08-90054-008 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MORRIS, ELAINE
STREET ADDRESS 900 EAST ATLANTIC AVE., SUITE 13
CITY-ST-ZIP DELRAY BEACH, FL 334836954

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 OR AUTHORIZED REPRESENTATIVE

Da:

Daytime Phone #

4/20/08 O: 561-265-1990
Call: 561-789-8097