

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019193

FILED
Apr 26, 2009
Secretary of State

Entity Name: WORLD HOLDINGS, LLC

Current Principal Place of Business:

10335 CROSS CREEK BLVD., #28
TAMPA, FL 33647

New Principal Place of Business:

17916 CACHET ISLE DR.
TAMPA, FL 33647

Current Mailing Address:

10335 CROSS CREEK BLVD., #28
TAMPA, FL 33647

New Mailing Address:

17916 CACHET ISLE DR.
TAMPA, FL 33647

FEI Number: 20-8471989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMASON, EUGENE E
12001 CORY LAKES BLVD.
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

THOMASON, EUGENE E
17916 CACHET ISLE DR.
TAMPA, FL 33647 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:

04/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMASON, EUGENE E
Address: 12001 CORY LAKES BLVD
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: THOMASON, CORY A
Address: 17914 ST. CROIX ISLE DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THOMASON, EUGENE E
Address: 17916 CACHET ISLE DR.
City-St-Zip: TAMPA, FL 33647

Title: MGRM (X) Change () Addition
Name: THOMASON, CORY A
Address: 17916 CACHET ISLE DR.
City-St-Zip: TAMPA, FL 33647

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: EUGENE E. THOMASON

MGR

04/26/2009

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