

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113093

FILED
Mar 20, 2009
Secretary of State

Entity Name: REFERRALS WORLD LLC

Current Principal Place of Business:

2900 NORTH 26TH AVENUE
205
HOLLYWOOD, FL 33020

New Principal Place of Business:

4400 HILLCREST DRIVE
610
HOLLYWOOD, FL 33021

Current Mailing Address:

2900 NORTH 26TH AVENUE
205
HOLLYWOOD, FL 33020

New Mailing Address:

4400 HILLCREST DRIVE
610
HOLLYWOOD, FL 33021

FEI Number: 26-1359305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: LEVKOVSKI, ALEKSANDAR
Address: 2900 NORTH 26TH AVENUE, APT. 205
City-St-Zip: HOLLYWOOD, FL 33020

Title: S () Delete
Name: LEVKOVSKI, ALEKSANDAR
Address: 2900 NORTH 26TH AVENUE, APT. 205
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEVKOVSKI, ALEKSANDAR
Address: 4400 HILLCREST DRIVE APT 610
City-St-Zip: HOLLYWOOD, FL 33021

Title: S (X) Change () Addition
Name: LEVKOVSKI, ALEKSANDAR
Address: 4400 HILLCREST DRIVE APT 610
City-St-Zip: HOLLYWOOD, FL 33021

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: ALEKSANDAR LEVKOVSKI

MGR

03/20/2009

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