

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024046

FILED
Aug 20, 2009
Secretary of State

Entity Name: HARDMAN VENTURES WORLDWIDE LLC

Current Principal Place of Business:

226 5TH AVE NORTH
#1102
ST. PETERSBURG, FL 33701

New Principal Place of Business:

205 5TH AVE NORTH
#201
ST. PETERSBURG, FL 33701

Current Mailing Address:

226 5TH AVE NORTH
#1102
ST. PETERSBURG, FL 33701

New Mailing Address:

757 SE 17TH ST
752
FORT LAUDERDALE, FL 33316

FEI Number: 26-2126839 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:

HARDMAN, BRIAN H
226 5TH AVE NORTH
#1102
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

HARDMAN, BRIAN H
205 5TH AVE NORTH
201
ST. PETERSBURG, FL 33701 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: BRIAN HARDMAN

08/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARDMAN, BRIAN H
Address: 226 5TH AVE N; UNIT 1102
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HARDMAN, BRIAN H
Address: 757 SE 17TH ST, BOX 752
City-St-Zip: FORT LAUDERDALE, FL 33316

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: BRIAN HARDMAN

MR

08/20/2009

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