

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115170

FILED
Jul 09, 2009
Secretary of State

Entity Name: 1ST WORLD BUSINESS CENTER, LLC

Current Principal Place of Business:

454 & 456 E BURLEIGH BLVD
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

1698 RACHEL'S RIDGE LOOP
OCOEE, FL 34761 US

New Mailing Address:

FEI Number: 26-3892265 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:

NGUYEN, TAM T
1698 RACHELS RIDGE LOOP
OCOEE, FL 34761 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: NGUYEN, TAM T
Address: 1698 RACHELS RIDGE LOOP
City-St-Zip: OCOEE, FL 34761 US

Title: MGR () Delete
Name: NGUYEN, TONY
Address: 4951 SOMMERVILLE DR.
City-St-Zip: ROCK LEDGE, FL 32955 US

Title: MGR (X) Delete
Name: PHAN, COUNG
Address: 2400 LEAMING PINE ST
City-St-Zip: OCOEE, FL 34761 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TAM NGUYEN

MNG

07/09/2009

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