10000le2015

(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Labinous Linuty Italino)
(Document Number)
(
Certified Copies Certificates of Status
Custial lustimations to Filing Officer
Special Instructions to Filing Officer:
• •
•
, .
·

G. MCLEOD

JUN 24 2010

EXAMINER



900182386279

06/23/10--01014--009 **25.00

10 JUN 23 PH 1: 45

COVER LETTER

Registration Section

INHS18 (5/08)

Division of Corporations	
SUBJECT: RCIJB WORL	DWIDE ENTERPRISE LLC
Name of Lin	nited Liability Company
Dear Sir or Madam:	:
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Cormen Rodrig	gue Z
RCISB Wor	Idwide Enterprise LLC a Dr. Orl, FL 32808
5934 Bulbo	a Dr. Orl, FL 32808
City/State and Zip Code Worldwide en for or s E-mail address: (to be used for future annual report not	e. Ci @ live. com
E-mail address: (to be used for future annual report not	fication)
For further information concerning this matter	, please call:
Carmen Rodriguez	at (407) 879-2598
Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	WORLDWIDE ENTERP	RISE LLC	_
2. (a) Principal office address of limited liability comp	pany:		
(Note: MUST BE STREET ADDRESS)	5934 balboa drive Orlando, FL 32808		-
(b) Mailing address of limited liability company:	· :		_
(Note: MAY BE POST OFFICE BOX)	1		
06/10/2010	L1000006207	' 5	_
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dep		
Registered Agent:	GRANSKIE, LISĄ	A 5 6	_
Registered Office Address:	17888 67th Court North	JUN 2	
	Loxabatchee, FL 33470	<u> </u>	E.
(b) Enter name of NEW Registered Agent and/or I	NEW Registered Office address	PK 1: 07 ST	lane.
NEW Registered Agent:	InCorp Services, Inc.	- 5 · 5	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17888 67th Court North		
MOST BE PLONIDA STREET ADDRESS	Loxahatchee	,FL <u>33470</u>	_
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability company or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	te Florida street address of the reg dentical. Or, in the case of a Flor ge(s) was/were authorized by an a therwise provided in the articles	is hereby sistered office ida limited iffirmative vote of organization	
Printed or typed name of signee	<u> </u>		
I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. It is proper and complete performan to position as registered agent as it is merely reflect a change in the repaint has been notified in writing	further agree to be of my duties, provided for in sistered office of this change.	O
on behalf of InCorp Services, Inc.			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00