

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 MAY -4 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L94000000272

FLORIDA WORLDWIDE CONSULTING, L.C.  
5097 LOCHWOOD COURT  
NAPLES FL 33962

NEW AREA CODE 34112-3656

1a. Principal Place of Business Address

5097 LOCHWOOD COURT  
NAPLES FL 33962

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34112-3656

34112-3656

3. Date Organized or Qualified

3a. State of Formation

06/09/1994

FL

4. FEI Number

65-0551872

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

06/03/1997

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

Name

SEEMANN, ERNEST A

Street Address (P.O. Box Number is Not Acceptable)

1105 CAPE CORAL PARKWAY E.

Suite, Apt. #, etc.

SUITE C

City

CAPE CORAL,

Zip Code

FL

33904

SEEMANN, ERNEST A  
4729 DEL PRADO BLVD.  
CAPE CORAL FL 33904

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LUSZAS, MANFRED D	5097 LOCHWOOD CT.	NAPLES FL
MGRM	LUSZAS, KARIN E	5097 LOCHWOOD CT.	NAPLES FL

500002521635--0  
-05/13/98--01050--012  
\*\*\*188.75 \*\*\*188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Manfred D. Luszcas 04/15/98 (941)417-1567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #