

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90622 001 ***100.00

DOCUMENT # L98000000900

1. Entity Name
IPS WORLDWIDE, LLC



Principal Place of Business
**265 CLYDE MORRIS BLVD., STE. 100
ORMOND BEACH, FL 32174**

Mailing Address
**265 CLYDE MORRIS BLVD., STE. 100
ORMOND BEACH, FL 32174**



02042004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3518851

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
P.O. BOX 2491
DAYTONA BEACH, FL 32115-2491**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DAVIES, WILLIAM
265 CLYDE MORRIS BLVD., STE. 100
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CASEY, CHARLES
265 CLYDE MORRIS BLVD., STE. 100
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
COOK, DOUGLAS
265 CLYDE MORRIS BLVD., STE 100
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I 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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

William B Davies 4-12-04