

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90030 050 \*\*\*\*\*50.00

0037090

**DOCUMENT # L99000007405**

1. Entity Name

**WORTHINGTON HOLDINGS, LLC**



Principal Place of Business

**6150 DIAMOND CENTER COURT, #1300  
FORT MYERS FL 33908**

Mailing Address

**6150 DIAMOND CENTER COURT, #1300  
FORT MYERS FL 33908**

2. Principal Place of Business

**9240 Marketplace Rd**

3. Mailing Address

**9240 Market place Rd**

Suite, Apt. #, etc.

**Suite 2**

Suite, Apt. #, etc.

**Suite 2**

City & State

**Ft Myers FL**

City & State

**Ft Myers FL**

Zip

**33912**

Country

**USA**

Zip

**33912**

Country

**USA**

4. FEI Number

**65-0958695**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DARRAGH, JEFF**

**6150 DIAMOND CENTER COURT, #1300  
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name

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

**9240 Marketplace Rd**

**Suite 2**

City

**Ft Myers**

**FL**

Zip Code

**33912**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **DARRAGH, JEFF**  
STREET ADDRESS **6150 DIAMOND CENTER COURT, #1300**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **MGR** ☐ Delete  
NAME **GNAGEY, JOHN**  
STREET ADDRESS **6150 DIAMOND CENTER COURT, #1300**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **MGR** ☐ Delete  
NAME **KARL, DEBORAH**  
STREET ADDRESS **480 E WILSON BRIDGE RD SUITE C**  
CITY-ST-ZIP **WORTHINGTON OH 43085**

TITLE **MGR** ☐ Delete  
NAME **LIEBERT, GLEN**  
STREET ADDRESS **480 E WILSON BRIDGE RD SUITE C**  
CITY-ST-ZIP **WORTHINGTON OH 43085**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9240 Marketplace Rd, Ste 2**  
CITY-ST-ZIP **Ft Myers FL 33912**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **Same as above**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **Same as above**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **Same as above**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

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

Date

Daytime Phone #

**John Gnagey 4/14/03 239-561-4666**

CR2E083 (10/02)