

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 07, 2007 8:00 am**  
**Secretary of State**

06-07-2007 90197 005 \*\*\*\*50.00

**DOCUMENT # M04000003400**

1. Entity Name  
**TOMORROW'S WORLD, LLC**



Principal Place of Business  
**68-15 FRESH MEADOW LANE  
FRESH MEADOWS, NY 11365**

Mailing Address  
**68-15 FRESH MEADOW LANE  
FRESH MEADOWS, NY 11365**

**60051629**



05082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-3456359**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301**

**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 September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GAZAL, DANIEL
STREET ADDRESS	68-15 FRESH MEADOW LANE
CITY-ST-ZIP	FRESH MEADOWS, NY 11365
TITLE	MGRM
NAME	BLITZ, SIMON
STREET ADDRESS	68-15 FRESH MEADOW LANE
CITY-ST-ZIP	FRESH MEADOWS, NY 11365
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 exemptions contained in Chapter 119, 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 #