

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000099455

**FILED  
Apr 23, 2009  
Secretary of State**

**Entity Name:** HOFFCHOC, LLC

**Current Principal Place of Business:**

5190 LAKE WORTH ROAD  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

5190 LAKE WORTH ROAD  
GREENACRES, FL 33463

**New Mailing Address:**

FEI Number: 20-4729230

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOFFMAN, SANDRA A  
5190 LAKE WORTH ROAD  
GREENACRES, FL 33463 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOFFMAN, SANDRA A  
Address: 5190 LAKE WORTH ROAD  
City-St-Zip: GREENACRES, FL 33463

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SANDRA A HOFFMAN

MGRM

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date