

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000099455

**FILED  
Apr 24, 2012  
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  
**Name:** HOFFMAN, SANDRA A  
**Address:** 5190 LAKE WORTH ROAD  
**City-St-Zip:** GREENACRES, FL 33463

I hereby 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

04/24/2012

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