

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091528

Entity Name: CHOICE VENTURES, LLC

FILED  
Mar 20, 2009  
Secretary of State

**Current Principal Place of Business:**

1707 WEST REYNOLDS STREET  
PLANT CITY, FL 33563 US

**New Principal Place of Business:**

3305 N KEENE RD  
PLANT CITY, FL 33565 US

**Current Mailing Address:**

1707 WEST REYNOLDS STREET  
PLANT CITY, FL 33563 US

**New Mailing Address:**

3305 N KEENE RD  
PLANT CITY, FL 33565 US

FEI Number: 20-5666568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GILLMAN, H. LEO  
1707 WEST REYNOLDS STREET  
PLANT CITY, FL 33563 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: MGR ( ) Delete  
Name: GILLMAN, H. LEO  
Address: 1707 WEST REYNOLDS STREET  
City-St-Zip: PLANT CITY, FL 33563 US

Title: MGR ( ) Delete  
Name: GILLMAN, CAROLYN  
Address: 3305 N KEENE RD  
City-St-Zip: PLANT CITY, FL 33565 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GILLMAN, H. LEO  
Address: 3305 N KEENE RD  
City-St-Zip: PLANT CITY, FL 33565 US

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: H. LEO GILLMAN

MGR

03/20/2009

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