

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000106049

Entity Name: MERCHANT'S CHOICE "L.L.C."**Current Principal Place of Business:**10122 TARPON DRIVE
TREASURE ISLAND, FL 33706**Current Mailing Address:**10122 TARPON DRIVE
TREASURE ISLAND, FL 33706 US**FEI Number:** 32-0321128**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARTER, HARRY II
10122 TARPON DRIVE
TREASURE ISLAND, FL 33706 US*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**Authorized Person(s) Detail :**

Title	MGR
Name	CARTER, HARRY II
Address	10122 TARPON DRIVE
City-State-Zip:	TREASURE ISLAND FL 33706

Title	MGR
Name	YAUCHLER, EUGENE P
Address	1850 BALBOA LANE
City-State-Zip:	CLEARWATER FL 33756

Title	MGR
Name	MOORE, SHEILA
Address	14350 82ND TER
City-State-Zip:	SEMINOLE FL 33776

Title	MGR
Name	CRESCENZI, YVONNE L
Address	10122 TARPON DRIVE
City-State-Zip:	TREASURE ISLAND FL 33706

Title	MGR
Name	VARONA, HEIDI
Address	8417 121ST PLACE
City-State-Zip:	LARGO FL 33773

Title	MGR
Name	MEISER, FREDERIC
Address	2588 NORTHFIELD LANE
City-State-Zip:	CLEARWATER FL 33761

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHEILA MOORE**MGR****03/18/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date