

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000106049

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC5671294027**

**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:** HARRY CARTER

MGR

04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date