

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000097157

**Entity Name:** CHOICE TRUST INTERNATIONAL LLC

**Current Principal Place of Business:**

2 S. BISCAYNE BLVD.  
STE. 3760  
MIAMI, FL 33131

**Current Mailing Address:**

2 S. BISCAYNE BLVD.  
STE. 3760  
MIAMI, FL 33131 US

**FEI Number:** 46-3743649

**Certificate of Status Desired:** No

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

LAW OFFICES OF JASON R. KOVAN, P.A.  
2 S. BISCAYNE BLVD.  
STE. 3760  
MIAMI, FL 33131 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 KOVAN, JASON R  
Address 9640 E. BROADVIEW DRIVE  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

*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:** JASON KOVAN

**MANAGER**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date