## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L02000015616**

1. Entity Name

PEOPLE'S CHOICE REALTY SERVICES LLC



FILED Mar 19, 2007 8:00 am Secretary of State

03-19-2007 90463 009 \*\*\*\*55 00

Principal Place of Business

Mailing Address

8902 NORTH DALE MABRY #101 TAMPA, FL 33614-1579 8902 NORTH DALE MABRY

#101

DO NOT WRITE IN THIS SPACE

TAMPA, FL 33614-1579



03142007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0725601

Applied For Not Applicable

5. Certificate of Status Desired

JZĹ

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, C B 8902 N DALE MABRY #101 TAMPA, FL 33614

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

		1		
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registere	d office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007		, , , , , , , , , , , , , , , , , , , ,	
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	WILLIAMS, CB			
STREET ADDRESS	8902 N. DALE MABRY, #101			
CSTY-ST-ZIP	TAMPA, FL 336141579			
TITLE	ST			
NAME	WILLIAMS, CB			
STREET ADDRESS	8902 N. DALE MABRY, #101			
CITY - ST - ZIP	TAMPA, FL 336141579			
TITLE				
NAME				
STREET ADDRESS			DO NO	TAMBITE
CITY-ST-ZIP			טא טע	T WRITE
TITLE			INI THIS	S SPACE
NAME			114 1 1214	SPACE
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: CB. W

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/14/67

813-493-6191