

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042899

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE PROFESSIONAL CHOICE, LLC

Current Principal Place of Business:

1149 E GOTTSCHKE AVE
EUSTIS, FL 32726

New Principal Place of Business:

27352 S. US HWY 27
LEESBURG, FL 34748

Current Mailing Address:

1149 E GOTTSCHKE AVE
EUSTIS, FL 32726

New Mailing Address:

27352 S. US HWY 27
LEESBURG, FL 34748

FEI Number: 20-2491764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOFFEL, RENEE
2204 CITRUS BLVD STE. 4
LEESBURG, FL 34748 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: CARTER, ZESHIECA I
Address: 1149 GOTTSCHKE AVE
City-St-Zip: EUSTIS, FL 32726

Title: MGRV () Delete
Name: CARTER JR, LENNARD A
Address: 1149 E. GOTTSCHKE AVE
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARTER, ZESHIECA I
Address: 2155 BEXLEY DR.
City-St-Zip: TAVARES, FL 32778

Title: MGRV (X) Change () Addition
Name: CARTER JR, LENNARD A
Address: 2155 BEXLEY DR.
City-St-Zip: TAVARES, FL 32778

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: LENNARD CARTER JR

MGRV

04/13/2009

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