2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L06000010201

Entity Name: PURECHOICE, LLC

Current Principal Place of Business:

235 THIRD STREET SOUTH, SUITE 300
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

235 THIRD STREET SOUTH, SUITE 300
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 20-4297695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LECLAIR, NORMAN A
235 THIRD STREET SOUTH, SUITE 300
ST. PETERSBURG, FL 33701 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: LECLAIR, NORMAN
Address: 235 THIRD STREET SOUTH, SUITE 300
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TRIUNE BENEFITS, LLC
Address: 235 THIRD STREET SOUTH, SUITE 300
City-St-Zip: ST. PETERSBURG, FL 33701

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: NORMAN LECLAIR MGR 04/23/2009

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