

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027571

FILED
Apr 20, 2009
Secretary of State

Entity Name: A+ CHOICE LLC

Current Principal Place of Business:

5143 POMPANO RD
VENICE, FL 34293 US

New Principal Place of Business:

5260 JESSAMINE AVE
NORTH PORT, FL 34291 US

Current Mailing Address:

5143 POMPANO RD
VENICE, FL 34293 US

New Mailing Address:

5260 JESSAMINE AVE
NORTH PORT, FL 34291 US

FEI Number: 20-4539041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREYEV, ANDREY
5143 POMPANO RD
VENICE, FL 34293 US

Name and Address of New Registered Agent:

ANDREYEV, ANDREY
5260 JESSAMINE AVE
NORTH PORT, FL 34291 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: _____

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDREYEV, ANDREY
Address: 5143 POMPANO RD
City-St-Zip: VENICE, FL 34293 US

Title: MGRM () Delete
Name: ANDREYEVA, LYUDMILA
Address: 5143 POMPANO RD
City-St-Zip: VENICE, FL 34293 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANDREYEV, ANDREY
Address: 5062 JESSAMINE AVE
City-St-Zip: NORTH PORT, FL 34291 US

Title: MGRM (X) Change () Addition
Name: ANDREYEVA, LYUDMILA
Address: 5062 JESSAMINE AVE
City-St-Zip: NORTH PORT, FL 34291 US

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: ANDREY ANDREYEV

MGRM

04/20/2009

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