

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030957

Entity Name: MIA CHOICE LLC

FILED  
May 25, 2007  
Secretary of State

## Current Principal Place of Business:

478 SKYLAND LN  
PORT CHARLOTTE, FL 33953 US

## New Principal Place of Business:

1059 OLD ENGLEWOOD RD  
ENGLEWOOD, FL 34223 US

## Current Mailing Address:

478 SKYLAND LN  
PORT CHARLOTTE, FL 33953 US

## New Mailing Address:

1059 OLD ENGLEWOOD RD  
ENGLEWOOD, FL 34223 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

IONASHKU, MIKHAIL  
478 SKYLAND LN  
PORT CHARLOTTE, FL 33953 US

## Name and Address of New Registered Agent:

IONASHKU, MIKHAIL  
1059 OLD ENGLEWOOD RD  
ENGLEWOOD, FL 34223 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: MIKHAIL IONASHKU

05/25/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: IONASHKU, MIKHAIL  
Address: 478 SKYLAND LN  
City-St-Zip: PORT CHARLOTTE, FL 33953 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: IONASHKU, MIKHAIL  
Address: 1059 OLD ENGLEWOOD RD  
City-St-Zip: ENGLEWOOD, FL 34223 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: MIKHAIL IONASHKU

MGRM

05/25/2007

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