

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90197 014 ****50.00

DOCUMENT # L06000042022

1. Entity Name

SOUTH FLORIDA'S CHOICE LLC



Principal Place of Business

18928 41 ROAD NORTH
LOXAHTACHEE FL 33470
US

Mailing Address

18928 41 ROAD NORTH
LOXAHTACHEE FL 33470
US

60051620



2. Principal Place of Business - No P.O. Box #

1401 Green Road

3. Mailing Address

1401 Green Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/07)

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

51-0577967

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

33064

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAH SERVICES LLC
4837 POND RIDGE DRIVE
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

Oscar R. Sotolongo

Street Address (P.O. box Number is Not Acceptable)

1401 Green Road

City

Pompano Beach

FL

Zip Code

33064

8. The above named entity admits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SOTOLONGO, OSCAR	
STREET ADDRESS	18928 41 ROAD NORTH	
CITY-ST-ZIP	LOXAHTACHEE FL 33470	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VESCO, ROBERT	
STREET ADDRESS	18928 41 ROAD NORTH	
CITY-ST-ZIP	LOXAHTACHEE FL 33470	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SOTOLONGO, ALEX	
STREET ADDRESS	18928 41 ROAD NORTH	
CITY-ST-ZIP	LOXAHTACHEE FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1401 Green Road	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1401 Green Road	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1401 Green Road	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing 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:

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

Date

Daytime Phone #