

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047591

Entity Name: CHOPTICS, LLC

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

1263 ALAPAHA LANE
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

1263 ALAPAHA LANE
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 74-3176906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, CALVIN
1263 ALAPAHA LANE
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

HOWELL, CALVIN MGRM
1263 ALAPAHA LANE
ORLANDO, FL 32828 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: CALVIN HOWELL

04/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOWELL, CALVIN
Address: 1263 ALAPAHA LANE
City-St-Zip: ORLANDO, FL 32828

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
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Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOWELL, CALVIN MGRM
Address: 1263 ALAPAHA LANE
City-St-Zip: ORLANDO, FL 32828

Title: MGRM () Change (X) Addition
Name: CHOPTICS, LLC,
Address: 1263 ALAPAHA LANE
City-St-Zip: ORLANDO, FL 32828 US

Title: PRES () Change (X) Addition
Name: CALVIN, HOWELL MGRM
Address: 1263 ALAPAHA LANE
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM () Change (X) Addition
Name: CHOPTICS, LLC,
Address: 1263 ALAPAHA LANE
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM () Change (X) Addition
Name: HOWELL, CALVIN MGRM
Address: 1263 ALAPAHA LANE
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM () Change (X) Addition
Name: HOWELL, CALVIN MGRM
Address: 1263 ALAPAHA LANE
City-St-Zip: ORLANDO, FL 32828 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: CALVIN HOWELL

MGRM

04/28/2007

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