

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049520

Entity Name: CHOICE CAPTIAL, LLC

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

201 EAST GOVERNMENT STREET  
C/O BENTIN PROPERTIES, INC  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1083  
GULF BREEZE, FL 32562

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENTIN PROPERTIES, INC.  
201 EAST GOVERNMENT STREET  
PENSACOLA, FL 32502 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: MGRM ( ) Delete  
Name: CLABAUGH, BEN  
Address: PO BOX 1083  
City-St-Zip: GULF BREEZE, FL 32562

Title: MGRM ( ) Delete  
Name: STEWART, KRISTIN L  
Address: PO BOX 1083  
City-St-Zip: GULF BREEZE, FL 32562

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BEN CLABAUGH

MGMR

04/15/2009

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