2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 04, 2008 8:00 am
Secretary of State
04-04-2008 90134 019 ***138.75

DOCUMENT # L06000083904

1. Entity Name
WISE CHOICE LLC

Principal Place of Business	Mailing Address
4680 LAKE WATERFORD WAY NO 3 MELBOURNE FL 32901	4680 LAKE WATERFORD WAY NO 3 MELBOURNE FL 32901

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-5667044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIRAN C HERNDON PA ~~8418 S. US HIGHWAY 1~~ ~~PORT SAINT LUCIE FL 34952~~	Name Biran Herndon Street Address (P.O. Box Number is Not Acceptable) 1971 SE. Port St. Lucie Blvd City Port St. Lucie FL Zip Code 34952

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] (Biran C. Herndon) 3-21-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIRAN C HERNDON PA 795 SE PORT ST LUCIE BLVD PORT ST LUCIE FL 34984	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Evelyn C. Cassidy 4680 Lake Waterford Wy. #3 Melbourne, FL 32901-8593	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: x Evelyn C. Cassidy 3/21/08 (321)728-9807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #