

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091528

FILED
Mar 20, 2009
Secretary of State

Entity Name: CHOICE VENTURES, LLC

Current Principal Place of Business:

1707 WEST REYNOLDS STREET
PLANT CITY, FL 33563 US

New Principal Place of Business:

3305 N KEENE RD
PLANT CITY, FL 33565 US

Current Mailing Address:

1707 WEST REYNOLDS STREET
PLANT CITY, FL 33563 US

New Mailing Address:

3305 N KEENE RD
PLANT CITY, FL 33565 US

FEI Number: 20-5666568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLMAN, H. LEO
1707 WEST REYNOLDS STREET
PLANT CITY, FL 33563 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: MGR () Delete
Name: GILLMAN, H. LEO
Address: 1707 WEST REYNOLDS STREET
City-St-Zip: PLANT CITY, FL 33563 US

Title: MGR () Delete
Name: GILLMAN, CAROLYN
Address: 3305 N KEENE RD
City-St-Zip: PLANT CITY, FL 33565 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GILLMAN, H. LEO
Address: 3305 N KEENE RD
City-St-Zip: PLANT CITY, FL 33565 US

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: H. LEO GILLMAN

MGR

03/20/2009

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