

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050745

Entity Name: CHOPSQUARED, LLC

FILED
Feb 07, 2009
Secretary of State

Current Principal Place of Business:

458 WILFORD AVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

458 WILFORD AVE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 65-1306356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POPSON, DEBBIE J
458 WILFORD AVE
LONGWOOD, FL 32750 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: POPSON, DEBBIE J
Address: 458 WILFORD AVE
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM () Delete
Name: CRAFT, MICHAEL
Address: 1288 GRAND RD
City-St-Zip: WINTER PARK, FL 32792 US

Title: MGRM () Delete
Name: HELMUTH, RAY
Address: 17226 COUNTRYBROOK LN
City-St-Zip: ORLANDO, FL 32820 US

Title: MGRM () Delete
Name: OGILVIE, IAN
Address: 255 ISLE OF SKY CIR
City-St-Zip: ORLANDO, FL 32828 US

ADDITIONS/CHANGES:

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

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

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: DEBBIE POPSON

MBR

02/07/2009

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