

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000050745

Entity Name: CHOPSQUARED, LLC

**FILED**  
**Jan 04, 2011**  
**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  
Name: POPSON, DEBBIE J  
Address: 458 WILFORD AVE  
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR  
Name: CRAFT, MICHAEL  
Address: 1288 GRAND RD  
City-St-Zip: WINTER PARK, FL 32792 US

Title: MGR  
Name: POPSON, BRUCE  
Address: 458 WILFORD AVE  
City-St-Zip: LONGWOOD, FL 32750

Title: MGR  
Name: CRAFT, ALICE  
Address: 1288 WEE FOREST COVE  
City-St-Zip: WINTER PARK, FL 32792

I hereby 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

01/04/2011

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