

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105427

FILED  
Aug 18, 2008  
Secretary of State

Entity Name: CHOZYN, LLC

**Current Principal Place of Business:**

1254 MASADA LANE  
SPRING HILL, FL 34608

**New Principal Place of Business:**

**Current Mailing Address:**

1254 MASADA LANE  
SPRING HILL, FL 34608

**New Mailing Address:**

FEI Number: 32-0218199      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WILSON, DEBORAH  
1254 MASADA LANE  
SPRING HILL, FL 34608      US

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: WILSON, DEBORAH  
Address: 1254 MASADA LANE  
City-St-Zip: SPRING HILL, FL 34608

Title: MGRM ( ) Delete  
Name: BREWER, DEBRA  
Address: 5310 BIRCHWOOD ROAD  
City-St-Zip: SPRING HILL, FL 34608

Title: MGRM ( ) Delete  
Name: MILLS, JAMECIA  
Address: 6550 150TH AVE NORTH  
City-St-Zip: CLEARWATER, FL 33760

Title: MGRM (X) Delete  
Name: KNIGHTS, CARLENE  
Address: 3111 E. WILDER AVENUE  
City-St-Zip: TAMPA, FL 33610

**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: DEBORAH WILSON

MGRM

08/18/2008

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