

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108412

FILED
Mar 17, 2009
Secretary of State

Entity Name: RAFAEL CHOICE ENTERPRISE, LLC

Current Principal Place of Business:

4350 W KENNEDY BLVD. APT 76
TAMPA, FL 33609

New Principal Place of Business:

8700 NORTH 50TH ST
#825
TAMPA, FL 33617

Current Mailing Address:

4350 W KENNEDY BLVD. APT 76
TAMPA, FL 33609

New Mailing Address:

8700 NORTH 50TH ST
#825
TAMPA, FL 33617

FEI Number: 26-1307528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUCZAWSKI, RAFAL
4350 W KENNEDY BLVD. APT 76
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

KUCZAWSKI, RAFAL
8700 NORTH 50TH ST
#825
TAMPA, FL 33617 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:

03/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KUCZAWSKI, RAFAL
Address: 4350 W KENNEDY BLVD. APT 76
City-St-Zip: TAMPA, FL 33609

Title: MGR (X) Delete
Name: HRYNIEWICZ, MALGORZATA
Address: 4350 W KENNEDY BLVD. APT 76
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KUCZAWSKI, RAFAL
Address: 8700 NORTH 50TH ST #825
City-St-Zip: TAMPA, FL 33617

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: RAFAL KUCZAWSKI

MGR

03/17/2009

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