

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027501

Entity Name: CHORION, LLC

FILED  
Jul 06, 2009  
Secretary of State

**Current Principal Place of Business:**

2143 SYCAMORE DRIVE  
WINTER PARK, FL 34789-665 US

**New Principal Place of Business:**

2143 SYCAMORE DRIVE  
WINTER PARK, FL 347896658 US

**Current Mailing Address:**

2143 SYCAMORE DRIVE  
WINTER PARK, FL 34789-665 US

**New Mailing Address:**

2143 SYCAMORE DRIVE  
WINTER PARK, FL 347896658 US

FEI Number: 26-2187371      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:**

POLACHEK, STEPHEN J  
2143 SYCAMORE DRIVE  
WINTER PARK, FL 34769-665 US

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

POLACHEK, STEPHEN J  
2143 SYCAMORE DRIVE  
WINTER PARK, FL 347696658 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:

07/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: POLACHEK, STEPHEN J  
Address: 2143 SYCAMORE DRIVE  
City-St-Zip: WINTER PARK, FL 34769 66

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: STEPHEN J. POLACHEK

MGRM

07/06/2009

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