

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084891

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: RECHOICE, LLC

**Current Principal Place of Business:**

8540 NW 53RD CT  
LAUDERHILL, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

8540 NW 53RD CT  
LAUDERHILL, FL 33351

**New Mailing Address:**

FEI Number: 26-3330305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NICHOLS, JENNIFER K  
10693 WILES ROAD  
#121  
CORAL SPRINGS, FL 33076 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: P ( ) Delete  
Name: ISMAEL-ALLEYNE, MYRLENE  
Address: 8540 NW 53RD CT  
City-St-Zip: LAUDERHILL, FL 33351 US

Title: VP ( ) Delete  
Name: KNIGHT, SONIA  
Address: 8540 NW 53RD CT  
City-St-Zip: LAUDERHILL, FL 33351

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

**ADDITIONS/CHANGES:**

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

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

Title: S ( ) Change (X) Addition  
Name: ALLEYNE, LENNOX  
Address: 4120 VISTA LAGO CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741 US

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: MYRLENE ISMAEL-ALLEYNE

P

04/29/2009

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