

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109579

FILED
May 04, 2009
Secretary of State

Entity Name: TRANSACTION CHOICES, LLC

Current Principal Place of Business:

355 S. NORTHLAKE BLVD #1019
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

3300 PORT ROYALE DRIVE NORTH
#443
FORT LAUDERDALE, FL 33308 US

Current Mailing Address:

1180 SW 36TH AVENUE
#204
POMPANO BEACH, FL 33069 US

New Mailing Address:

3300 PORT ROYALE DRIVE NORTH
#443
FORT LAUDERDALE, FL 33308 US

FEI Number: 26-3779442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

AMERICAN SAFETY COUNCIL, INC
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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: ANTHONY RIBAS

05/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RIBAS, ANTHONY
Address: 1180 SW 36TH AVENUE #204
City-St-Zip: POMPANO BEACH, FL 33069 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RIBAS, ANTHONY
Address: 3300 PORT ROYALE DR. NORTH
City-St-Zip: FORT LAUDERDALE, FL 33308 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: ANTHONY RIBAS

MGR

05/04/2009

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