

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000083965

**FILED**  
**Jul 13, 2010**  
**Secretary of State**

**Entity Name:** TAX CHOICE, LLC

**Current Principal Place of Business:**

160 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

160 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 27-0842535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAISON, CONTREAS  
160 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 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: MGR  
Name: FAISON, CONTREAS  
Address: 160 N. UNIVERSITY DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S  
Name: FAISON, CONTREAS  
Address: 160 N. UNIVERSITY DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby 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: TRAVIS FAISON

MGR

07/13/2010

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