

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000002727

1. Entity Name
EQUICHOICE LLC



Principal Place of Business

111 PRESIDENTIAL BLVD., SUITE 142
BALA CYNWYD, PA 19004

Mailing Address

111 PRESIDENTIAL BLVD., SUITE 142
BALA CYNWYD, PA 19004



02022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANTOR, ESQ, SAMUEL J
2449 GLADES RD
STE 210
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SANTILLI, BEVERLY
STREET ADDRESS	111 PRESIDENTIAL BLVD., SUITE 142
CITY- ST- ZIP	BALA CYNWYD, PA 19004

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #