## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M08000004412

Entity Name: CHOICE PLUS LLC

City-St-Zip:

FILED Jun 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4120 ISLANDER WAY 1001 AVENIDA DEL CIRCO ANACORTES, WA 98221 VENICE, FL 34285 **Current Mailing Address: New Mailing Address:** 4120 ISLANDER WAY ANACORTES, WA 98221 FEI Number: 56-2665148 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: Name and Address of New Registered Agent: BOONE, STEPHEN K. ESQ. 1001 AVENIDA DEL CIRCO VENICE, FL 34285 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BORBA, DARRILYN Name: Name: Address: 4120 ISLANDER WAY Address: City-St-Zip: ANACORTES, WA 98221 City-St-Zip: Title: ( ) Delete Title: CFO ( ) Change (X) Addition Name: Name: HARVEY, NEAL L Address: Address: 3113 H AVE.

City-St-Zip:

ANACORTES, WA 98221

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: DARRILYN BORBA MGRM 06/23/2009