2001 UNIFORM BUSINESS REPORT (UBR)					
1. Entity Nam	e.⁴	0000779	1		er State of the second second State of the second
SELECTÉ	CH, LLC				FILED
Principal Place of Business Mailing Address				2001	M4Y-9 PM 3:52
40 WANTAGE AVENUE 40 WANTAGE AVENUE				I	
BRANCHVILLE NJ 07890 BRANCHVILLE NJ 07890				AL I	ON OF CORPORATIONS
Principal Place of Business     3. Mailing Address			· 	1 (88185) 118 10112 18111 00113 08131	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPACE
City & State City & State			4. FEI Number 22-3600767	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			None	7. Name and Address of New Reg	Istered Agent
C T CORPORATION SYSTEM			Name	·	
1200 SOUTH PINE ISLAND ROAD			Street Address	(P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324			<u> </u>		1
			City		FL Zip Code
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.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$50.00					
Make Check Payable to Department of State					
9.	MANAGING MEMBI	ERS/MEMBERS	T 10.	ADDITIONS/CI	HANGES
TITLE	MGRM	☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS	SELECTIVE WAY INSURANCE CO 40 WANTAGE AVENUE	MPANT	NAME STREET AODRESS		
CITY-ST-ZIP	BRANCHVILLE NJ 07890		CITY-ST-ZIP	··	·
TITLE NAME	MGRM COLEMAN, JAMES W	☐ Délete	TITLE NAME	4000043	Change Addition
STREET ADDRESS CITY-ST-ZIP	40 WANTAGE AVENUE	4	STREET ADDRESS CITY-ST-ZIP	-U6/07/ *****5	3766746 0101130017 0100 *****50.00
TITLE	BRANCHVILLE NJ 07890 MGRM	□ Delete	TITLE	क्रक्रक्करः⊋	Change Addition
NAME STREET ADDRESS	ABRIOLA, JOSEPH J		NAME STREET ADDRESS		_ , _
CITY-ST-ZIP	40 WANTAGE AVE. BRANCHVILLE NJ 07890		CITY-ST-ZIP		
TITLE NAME	MGRM FRANKLIN, MALCOLM G	☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS	40 WANTAGE AVE.		STREET ADDRESS		
CITY-ST-ZIP	BRANCHVILLE NJ 07890 MGRM	Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition
NAME	LAND, THORNTON R	CJ Delete	NAME	ζι	
STREET ADDRESS CITY-ST-ZIP	40 WANTAGE AVE. Branchville nj 07890		STREET AODRESS CITY-ST-ZIP	· ·	
TITLE .	MGRM	☐ Delete	TITLE		. Change Addition
NAME STREET ADDRESS	NIERODA, MICHELE C 40 WANTAGE AVE.		NAME STREET ADDRESS		
CITY-ST-ZIP	BRANCHVILLE NJ 07890		CITY-ST-21P		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
CICALATURE					
SIGNATURE: 973-948-1331 SIGNATURE AND THE PLAN THE DESCRIPTION NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #					