

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049879

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** CHORIX, LLC

**Current Principal Place of Business:**

1911 NW 150 AVENUE, STE 201  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

1911 NW 150 AVENUE  
SUITE 201  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

1911 NW 150 AVENUE, STE 201  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

1911 NW 150 AVENUE  
SUITE 201  
PEMBROKE PINES, FL 33028

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOPEZ, PETER M  
1911 NW 150 AVENUE, STE 201  
PEMBROKE PINES, FL 33028 US

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

LOPEZ, PETER M  
1911 NW 150 AVENUE  
SUITE 201  
PEMBROKE PINES, FL 33028 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: \_\_\_\_\_

03/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SALOMON, ROBERTO C  
Address: 1911 NW 150 AVENUE, STE 201  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERTO C. SALOMOM

MGRM

03/20/2009

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