

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000305192

**Entity Name:** CHOICE OPTIONS LLC

**Current Principal Place of Business:**

15129 87TH RD. N  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

15129 87TH RD. N  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 84-4095951

**Certificate of Status Desired:** No

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

OSAVIO, DANIEL  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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:** DANIEL OSAVIO

08/04/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name OSAVIO, DANIEL  
Address 15129 87TH RD. N  
City-State-Zip: LOXAHATCHEE FL 33470

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DANIEL OSAVIO

08/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date