

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004412

**Entity Name:** CHOICE PLUS LLC

**Current Principal Place of Business:**

1001 AVENIDA DEL CIRCO  
VENICE, FL 34285

**Current Mailing Address:**

PO BOX 423  
ANACORTES, WA 98221

**FEI Number:** 56-2665148

**Certificate of Status Desired:** No

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

BOONE, STEPHEN K. ESQ.  
1001 AVENIDA DEL CIRCO  
VENICE, FL 34285 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BORBA, DARRILYN TRUSTEE  
HERITAGE TRUST  
Address PO BOX 423  
City-State-Zip: ANACORTES WA 98221

Title MGR  
Name RANDY, HOTZ  
Address PO BOX 423  
City-State-Zip: ANACORTES WA 98221

Title MGRM  
Name HARVEY, NEAL L  
Address PO BOX 423  
City-State-Zip: ANACORTES WA 98221

Title MGRM  
Name SANTOSO, JUDO  
Address PO BOX 423  
City-State-Zip: ANACORTES WA 98221

*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:** NEAL HARVEY

MGRM

02/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date