



Control Number: 49779



Item Number: 565

Addendum StartPage: 0



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ELECTRICITY BROKER REGISTRATION FORM

PROJECT NO. 49779

1. Check the most appropriate box to describe this submission:

This is a new broker registration

This supplies information for a pending broker registration

This amends an existing, completed broker registration

Provide an explanation of the amendment:

2. Authorized Representative or Attorney to contact about this application:

| | | |
|---|------------------|------------------|
| Name Astrit Llabjani | Title CEO | |
| Business Address 2759 State Rd. 580 Suite 211 | | |
| City Clearwater | State FL | Zip 33761 |
| Telephone Number (727) 656-9357 | | |
| Email Address astrit.llabjani@energychoiceservices.com | | |

3. Registering Entity: List the registering entity's legal name, business address, and telephone number.

| | | |
|--|-----------------|------------------|
| Name Energy Choice Services LLC | | |
| Business address 2759 State Rd. 580 Suite 211 | | |
| City Clearwater | State FL | Zip 33761 |
| Telephone Number (855) 552-3990 | | |

4. Type of organization of registering entity:

Sole proprietor Other

Corporation

Limited Liability Company, L.L.C

Limited Partnership

5. Description of the brokerage services provided by the registering entity and type of customers served.

Description of Services:
Energy Broker/Consultant

Types of Customers: *Check all that apply*

- Residential Industrial Other
 Commercial Municipalities

6. **Other Names.** List any trade, commercial, and doing-business-as (d/b/a) names, other than the legal name listed in #3 above, under which the registering entity intends to operate. Any name in which a corporation intends to operate must be registered with the Secretary of State.

| | |
|---------------------|---------------------------------|
| 1 st N/A | 2 nd |
| 3 rd | 4 th 5 th |

7. **Officers.** Provide, as **Attachment A**, the names, business addresses, email addresses, and phone numbers of the registering entity's officers, directors, and partners, as applicable.

Attachment A

8. **Customer Service Contact.** List the telephone number and email address of the customer service department. If the registering entity does not have a dedicated customer service department, then provide the name, title, address, email address, and telephone number of the customer service contact person.

| | | |
|---|---|---|
| Customer Service Department | Telephone Number (855) 552-3990 | Email Address info@energychoiceservices.com |
| Name Astrit Llabjani | | Title CEO |
| Business address 2759 State Rd 580 Suite 211 | | |
| City Clearwater | State FL | Zip 33761 |
| Telephone Number 727-656-9357 | | |
| Email Address astrit.llabjani@energychoiceservices.com | | |

9. **Regulatory contact person.** List the name, physical business address, telephone number, and email address for a regulatory contact person.

| | | |
|---|-----------------|------------------|
| Name Astrit Llabjani | | Title CEO |
| Business address 2759 State Rd 580 Suite 211 | | |
| City Clearwater | State FL | Zip 33761 |
| Telephone Number (727) 656-9357 | | |
| Email Address astrit.llabjani@energychoiceservices.com | | |

10. Secretary of State Record. Entities who must register with the Secretary of State must provide a copy of the certificate of status issued by the Texas Secretary of State certifying that the registering entity is authorized to transact business in Texas.

Copy of Secretary of State certificate of status is attached.

Attachment A

Astrit Llabjani – CEO

2759 State Rd 580 Suite 211

Clearwater, FL 33761

Astrit.llabjani@energychoiceservices.com

Ofc 855-552-3990

Mobile 727-656-9357

AFFIDAVIT

My name is Astrit Llabjani. I am the Owner of the Registering Entity.

I swear or affirm that I have personal knowledge of the facts stated in the attached registration, that I am competent to testify to them, and that I have the authority to submit this application form on behalf of the registering entity. I further swear or affirm that all statements made in the Registration Form are true, correct and complete and that any substantial changes in such information will be provided to the Public Utility Commission of Texas in a timely manner. I swear or affirm that the registering entity understands and will comply with all requirements of the applicable law and rules, including customer protection provisions, disclosure requirements, and marketing guidelines for retail electric service.

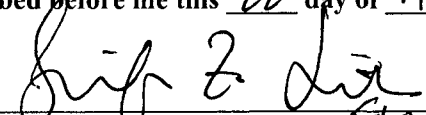


Signature of Registering Entity's Owner, Partner, or Officer
Astrit Llabjani

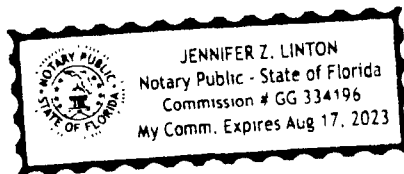
Printed Name
Energy Choice Services LLC

Name of Registering Entity

Sworn and subscribed before me this 22 day of August, 2019
Month Year



Notary Public in and For the State of Florida
My commission expires on August 17, 2023





Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Application for Registration for Energy Choice Services LLC (file number 803397212), a FLORIDA, USA, Foreign Limited Liability Company (LLC), was filed in this office on August 19, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 22, 2019.



A handwritten signature in black ink, appearing to read "Jose A. Esparza".

Jose A. Esparza
Deputy Secretary of State