

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003090

FILED  
Jan 11, 2008  
Secretary of State

**Entity Name:** 1ST CHOICE CLEANING SUPPLIES, EQUIPMENT & REPAIR LLC

**Current Principal Place of Business:**

165 INDUSTRIAL LOOP SOUTH  
SUITE 4  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 888  
MIDDLEBURG, FL 32050

**New Mailing Address:**

**FEI Number:** 54-2164898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DAVIS, SHERILYN K  
4012 EDGELAND TRAIL  
MIDDLEBURG, FL 32068 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DAVIS, CHRISTOPHER D  
Address: PO BOX 888  
City-St-Zip: MIDDLEBURG, FL 32050

Title: MGR ( ) Delete  
Name: DAVIS, SHERILYN K  
Address: PO BOX 888  
City-St-Zip: MIDDLEBURG, FL 32050

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DAVIS, CHRISTOPHER D  
Address: PO BOX 888  
City-St-Zip: MIDDLEBURG, FL 32050

Title: MGRM (X) Change ( ) Addition  
Name: DAVIS, SHERILYN K  
Address: PO BOX 888  
City-St-Zip: MIDDLEBURG, FL 32050

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: SHERILYN K. DAVIS

MGMR

01/11/2008

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