

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

DOCUMENT # L03000023546

1. Entity Name

1ST CHOICE HOMES, LLC



Principal Place of Business

PO BOX 1723
PORT RICHEY FL 34673

Mailing Address

PO BOX 1723
PORT RICHEY FL 34673

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Original **FILED**
Mar 26, 2008 08:00 AM
To Secretary of State
Just don't send in
will dissolve late sept.



1st MOORE

CR2E083 (10/07)

4. FEI Number
NO-T APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURSO, ANNA F
7715 FOXBLOOM DR.
PORT RICHEY FL 34668**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$138.75.

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DURSO, TONY
PO BOX 1723
PORT RICHEY FL 34673**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONAL CHANGES

04/09/08-80088-008-138.75 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Tony Durso

3/22/08 *6729/514-2040*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Entity's P.O. #