

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000023097

Entity Name: 1ST OPTION SERVICES L.L.C.

Current Principal Place of Business:

2532 VISTA RISE APT. C
TALLAHASSEE, FL 32304

Current Mailing Address:

1934 COLLEGE COLLEGE CIRCLE
JACKSONVILLE, FL 32209

FEI Number: 45-5238863

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WORTH, CHRISTOPHER LSR
2532 VISTA RISE APT. C
TALLAHASSEE, FL 32304 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 WORTH, CHRISTOPHER LSR.
Address 2532 VISTA RISE APT. C
City-State-Zip: TALLAHASSEE FL 32304

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: CHRISTOPHER WORTH

MGRM

09/18/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date