

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000023097

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

**Current Principal Place of Business:**

1934 COLLEGE CIRCLE SOUTH  
JACKSONVILLE , FL 32209

**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  
1934 COLLEGE CIRCLE SOUTH  
JACKSONVILLE , FL 32209 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:** WORTH , CHRISTOPHER , LSR

10/01/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name WORTH, CHRISTOPHER  
Address 1934 COLLEGE CIRCLE SOUTH  
City-State-Zip: JACKSONVILLE FL 32309

*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

10/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date