

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000023097

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

**Current Principal Place of Business:**

5327 FALLING STAR RD  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1934 COLLEGE COLLEGE CIRCLE  
JACKSONVILLE, FL 32209

**FEI Number:** 45-5238863

**Certificate of Status Desired:** Yes

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

WORTH, CHRISTOPHER LSR  
5327 FALLING STAR  
TALLAHASSEE, FL 32303 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 5327 FALLING STAR RD.  
City-State-Zip: TALLAHASSEE FL 32301

Title MGRM  
Name FISHBURN, BORIS L  
Address 4437 BLUE BILL PASS  
City-State-Zip: TALLAHASSEE FL 32303

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER WORTH

MGRM

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date