

**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