

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000098089

Entity Name: 1ST CHOICE ADVISORS, LLC**Current Principal Place of Business:**7115 WEST NORTH AVE -279
OAK PARK, IL 60302**Current Mailing Address:**7115 WEST NORTH AVE -279
OAK PARK, IL 60302**FEI Number:** 45-5368043**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRANCIS, JOHN
101 HOMEPORT DRIVE
PALM HARBOR, FL 34683 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	KENNEMORE, PAM
Address	5805 STATE BRIDGE ROAD STE G-260
City-State-Zip:	DULUTH GA 30097

Title	MGRM
Name	WALLACH, JOSEPH A
Address	601 AUGUSTINE RD.
City-State-Zip:	EUREKA MO 63025

Title	MGRM
Name	FRANCIS, JOHN
Address	101 HOMEPORT DRIVE
City-State-Zip:	PALM HARBOR FL 24683

Title	MGRM
Name	HOULE, JANE M
Address	1171 CLINTON AVE.
City-State-Zip:	OAK PARK IL 60304
Title	MGRM
Name	LEWIS, SCOTT A
Address	3319 N WEST BAYSHORE DR.
City-State-Zip:	PESHAWBESTOWN MI 49682

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: PAMELA B KENNEMORE**PARTNER****04/29/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date