

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081121

FILED
Aug 23, 2008
Secretary of State

Entity Name: FIRST CHOICE RESIDENTIAL SERVICES, L.L.C.

Current Principal Place of Business:

1982 ALAMANDRA COURT
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

1982 ALAMANDA COURT
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 20-1854377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRAZELTON, RANDALL
1982 ALAMANDA CT
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

BRAZELTON, DANETTE R
1982 ALAMANDA CT
NAVARRE, FL 32566 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: DANETTE R. BRAZELTON

08/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRAZELTON, RANDALL
Address: 1982 ALAMANDA CT
City-St-Zip: NAVARRE, FL 32566

Title: MGRM (X) Delete
Name: BRAZELTON, DANETTE
Address: 1982 ALAMANDA CT
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRAZELTON, DANAETTE R
Address: 1982 ALAMANDA CT
City-St-Zip: NAVARRE, FL 32566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: DANETTE R. BRAZELTON

MRS.

08/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date