



FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000083304 1. Entity Name FIRST CHOICE TITLE SERVICES, L.L.C.				Secretary of S	
Principal Place of Business 4002 DEL PRADO BLVD S CAPE CORAL, FL 33904		Mailing Address 4002 DEL PRADO BLVD S CAPE CORAL, FL 33904			
DO NOT WRITE IN THIS SPACE					
				03242008 No Chg-LLC CR2E083 (12/07)	
				4. FEI Number 20-3353270 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent SCHUTT, DARRIN R ESQ 1105 CAPE CORAL PARKWAY EAST, SUITE C CAPE CORAL, FL 33904				DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM LEE, ROBERT A JR 4002 DEL PRADO BLVD S CAPE CORAL, FL 33904			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes; I further certify that the information indicated on this report is true and accurate and that my 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>					
Date: 4/1/08 Daytime Phone #: 239274-7000					