

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091154

Entity Name: 1STPRIORITY, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

3939 US HWY 98S
SUITE #104
LAKELAND, FL 33812 US

Current Mailing Address:

3939 US HWY 98S
SUITE #104
LAKELAND, FL 33812 US

New Principal Place of Business:

3616 HARDEN BLVD
SUITE #324
LAKELAND, FL 33803 US

New Mailing Address:

3616 HARDEN BLVD
SUITE #324
LAKELAND, FL 33803 US

FEI Number: 20-3486830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONYERS, CHRIS
3939 US HWY 98S
SUITE #104
LAKELAND, FL 33812 US

Name and Address of New Registered Agent:

CONYERS, CHRIS
3616 HARDEN BLVD
SUITE #324
LAKELAND, FL 33803 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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: CONYERS, CHRIS MGMR
Address: 3939 US HWY 98S
City-St-Zip: LAKELAND, FL 33812 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CONYERS, CHRIS
Address: 3616 HARDEN BLVD #324
City-St-Zip: LAKELAND, FL 33803

Title: MGRM () Change (X) Addition
Name: KAPLAN, DAVID
Address: 3616 HARDEN BLVD #324
City-St-Zip: LAKELAND, FL 33803

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: CHRIS CONYERS

MGRM

04/29/2008

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