

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004437

FILED
Aug 19, 2009
Secretary of State

Entity Name: 1ST DOCUMENT SERVICES, LLC

Current Principal Place of Business:

1423 SE 10TH STREET
1-B
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

1423 SE 10TH STREET
1-B
CAPE CORAL, FL 33990 US

New Mailing Address:

FEI Number: 20-4324727 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:

Name and Address of New Registered Agent:

HABIG, ANGELIQUE J
1139 SE 19TH LANE
CAPE CORAL, FL 33990 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

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: HABIG, ANGELIQUE J
Address: 1139 SE 19TH LANE
City-St-Zip: CAPE CORAL, FL 33990 US

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

Title: MGRM () Delete
Name: DEHAVEN, MELISSA
Address: 1401 SE 22ND PLACE
City-St-Zip: CAPE CORAL, FL 33991 US

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

Title: MEMB () Delete
Name: HARPER, VAL
Address: 1423 SE 18TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

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: ANGELIQUE J. HABIG

MGRM

08/19/2009

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