

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109411

FILED
Mar 12, 2009
Secretary of State

Entity Name: 1ST CHOICE SERVICES, LLC

Current Principal Place of Business:

6304 HIATUS ROAD
TAMARAC, FL 33321 US

New Principal Place of Business:

4500 N HIATUS ROAD
SUNRISE, FL 33351 US

Current Mailing Address:

6304 HIATUS ROAD
TAMARAC, FL 33321 US

New Mailing Address:

4500 N HIATUS ROAD
SUNRISE, FL 33351 US

FEI Number: 20-5868470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLMO, DAVID P SR
6304 HIATUS ROAD
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

OLMO, DAVID P SR
4500 N HIATUS ROAD
SUNRISE, FL 33351 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:

03/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAVID P OLMO SR,
Address: 6304 HIATUS ROAD
City-St-Zip: TAMARAC, FL 33321 US

Title: MGR () Delete
Name: MARTHA POSADA,
Address: 6304 HIATUS ROAD
City-St-Zip: TAMARAC, FL 33321 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAVID P OLMO SR,
Address: 4500 N HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR (X) Change () Addition
Name: MARTHA POSADA,
Address: 4500 N HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351 US

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: MARTHA POSADA

MGR

03/12/2009

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