

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006946

FILED
Apr 11, 2009
Secretary of State

Entity Name: PRIORITY 1 RETIREMENT, LLC.

Current Principal Place of Business:

5783 SW BIRD ROAD
SUITE 210
MIAMI, FL 33155

New Principal Place of Business:

5794 BIRD ROAD
SUITE 210
MIAMI, FL 33155

Current Mailing Address:

5783 SW BIRD ROAD
SUITE 210
MIAMI, FL 33155

New Mailing Address:

5794 BIRD ROAD
SUITE 210
MIAMI, FL 33155

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIOS, WILLIAM
5783 SW BIRD ROAD
SUITE 210
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

RIOS, WILLIAM
5794 BIRD ROAD
SUITE 210
MIAMI, FL 33155 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: WILLIAM R RIOS

04/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PENSICO TRUST COMPANY CUSTODIAN OF WILLIAM
Address: 450 SANSOME STREET 14TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 941113306

Title: MGR () Delete
Name: PENSICO TRUST COMPANY CUSTODIAN OF WILLIAM
Address: 450 SANSOME STREET 14TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 941113306

Title: MGR () Delete
Name: PENSICO TRUST COMPANY CUSTODIAN OF LUIS ALV
Address: 450 SANSOME STREET 14TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 941113306

Title: MGR () Delete
Name: PENSICO TRUST COMPANY CUSTODIAN FBO WILLIAM
Address: 450 SANSOME STREET 14TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 941113306

Title: MGR () Delete
Name: PENSICO TRUST COMPANY CUSTODIAN FBO LAZARO
Address: 450 SANSOME STREET 14TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 941113306

ADDITIONS/CHANGES:

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

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

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

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

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: WILLIAM R RIOS

RA

04/11/2009

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