

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012794

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: FIRST CHOICE, LLC

**Current Principal Place of Business:**

811 COASTAL BAY LANE  
201  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

811 COASTAL BAY LANE  
201  
KISSIMMEE, FL 34741

**New Mailing Address:**

FEI Number: 20-8375250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOTWAL, SHYAM  
1555 HARRIER DRIVE  
ORLANDO, FL 32837 US

**Name and Address of New Registered Agent:**

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:**

Title: MGR ( ) Delete  
Name: RAZAK, HUZAIFA  
Address: 811 COASTAL BAY LANE, APT. 201  
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR ( ) Delete  
Name: RAZAK, SUMERA  
Address: 811 COASTAL BAY LANE, APT. 201  
City-St-Zip: KISSIMMEE, FL 34741

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RAZAK, HUZAIFA  
Address: 811 COASTAL BAY LANE, APT. 201  
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM (X) Change ( ) Addition  
Name: RAZAK, MOHAMMED  
Address: 811 COASTAL BAY LANE, APT. 201  
City-St-Zip: KISSIMMEE, FL 34741

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: MOHAMMED RAZAK

MGRM

04/29/2009

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