## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000025217

DELGADO, AMY

MIAMI, FL 33183

7750 SW 117 AVENUE, STE 204

Name:

Address:

City-St-Zip:

Entity Name: FIRST CHOICE FINANCIAL SERVICES, LLC

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:		New Principal	New Principal Place of Business:	
	117 AVENUE, STE 204	New 1 Interpar	race of Business.	
Current Mailing Address:		New Mailing A	New Mailing Address:	
7750 SW <sup>-</sup> MIAMI, FL	117 AVENUE, STE 204 33183			
In accordan	: 90-0347043 FEI Number Applied For ( ) ice with s. 607.193(2)(b), F.S., the limited liability I Address of Current Registered Agent:	• •		
AROCHO, JENNIFER 9240 SW 72 STREET, STE 219 MIAMI, FL 33173 US		7750 SW 117 A	AROCHO, JENNIFER 7750 SW 117 AVE # 204 MIAMI, FL 33183 US	
	e named entity submits this statement for the e of Florida.	e purpose of changing its req	gistered office or registered agent, or both	
SIGNATURE: J AROCHO			05/01/2009	
	Electronic Signature of Registered	Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHAN	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete AROCHO, EDIBERTO 7750 SW 117 AVENUE, STE 204 MIAMI, FL 33183	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete AROCHO, JENNIFER 7750 SW 117 AVENUE, STE 204 MIAMI, FL 33183	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete DELGADO, MILAGROS 7750 SW 117 AVENUE, STE 204 MIAMI, FL 33183	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGRM ( ) Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: J AROCHO MGRM 05/01/2009