2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2009
Secretary of State

DOCUMENT# L08000032449

Entity Name: 1ST CHOICE CONTRACTING SERVICES, LLC

Current Principal Place of Business:

13856 ROYSTON BEND
HUDSON, FL 34669 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 153132
TAMPA, FL 33684 US

New Mailing Address:

PO BOX 2763
LAND O LAKES, FL 34639 US

FEI Number: 26-2288131 **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:

NIVISON, SARA L
13856 ROYSTON BEND
HUDSON, FL 34669 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:	MGRM	( ) Delete
Name:	NIVISON, JACOB B	
Address:	13856 ROYSTON BEND	
City-St-Zip:	HUDSON, FL 34669 US	
Title:	MGR	( ) Delete
Name:	NIVISON, SARA L	
Address:	13856 ROYSTON BEND	
City-St-Zip:	HUDSON, FL 34669 US	
Title:	MGRM	(X) Delete
Name:	MEYER, NICHOLAS J SR	
Address:	9222 HIGHLAND RIDGE WAY	
City-St-Zip:	TAMPA, FL 33647 US	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	NIVISON, SARA L	
Address:	13856 ROYSTON BEND	
City-St-Zip:	HUDSON, FL 34669 US	
Title:	MGRM	(X) Change ( ) Addition
Name:	MEYER, NICHOLAS J SR	
Address:	9222 HIGHLAND RIDGE WAY	
City-St-Zip:	TAMPA, FL 33647 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: SARA L NIVISON MGR 08/03/2009

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