

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100405

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: FIRST CHOICE DEBT RESOLUTION GROUP LLC

**Current Principal Place of Business:**

7777 B DAVIE RD EXT.  
301B  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

7777 B DAVIE RD EXT.  
301B  
HOLLYWOOD, FL 33024

**New Mailing Address:**

FEI Number: 26-3599785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SINGH, ROHIT  
7777 B DAVIE RD EXT.  
301B  
HOLLYWOOD, FL 33024 US

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

MONTICELLO, CHRISTOPHER J  
7777 B DAVIE RD EXT.  
301B  
HOLLYWOOD, FL 33024 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: CHRISTOPHER MONTICELLO

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SINGH, ROHIT  
Address: 7777 B DAVIE RD EXT. ST #301B  
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGR ( ) Delete  
Name: MONTICELLO, CHRISTOPHER J  
Address: 7777 B DAVIE RD EXT. ST #301B  
City-St-Zip: HOLLYWOOD, FL 33024

**ADDITIONS/CHANGES:**

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: CHRISTOPHER MONTICELLO

MGR

04/29/2009

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