

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000106297

**FILED**  
**Jul 07, 2010**  
**Secretary of State**

**Entity Name:** 1ST CHOICE NETWORK SOLUTIONS, LLC

**Current Principal Place of Business:**

1941 WHITFIELD PARK LOOP  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

1941 WHITFIELD PARK LOOP  
SARASOTA, FL 34243

**New Mailing Address:**

**FEI Number:** 27-1246534

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JUDD, ULRICH, SCARLETT, WICKMAN & DEAN, PA  
2940 SOUTH TAMiami TRAIL  
SARASOTA, FL 34239 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:** CEO  
**Name:** SIMONE, GARY A  
**Address:** 1941 WHITFIELD PARK LOOP  
**City-St-Zip:** SARASOTA, FL 34243

**Title:** CFO  
**Name:** HARRIS, ALYSON G  
**Address:** 1941 WHITFIELD PARK LOOP  
**City-St-Zip:** SARASOTA, FL 34243

I hereby 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:** ALYSON G. HARRIS

CFO

07/07/2010

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