# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ENRIQUE ACOSTA

Electronic Signature of Signing Authorized Person(s) Detail

### **Current Principal Place of Business:** 214 E SUGARLAND CIRCLE

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: FIRST CHOICE PROPERTY MAINTENANCE & SERVICES LLC

CLEWISTON, FL 33440

## **Current Mailing Address:**

DOCUMENT# L08000069222

214 E SUGARLAND CIRCLE CLEWISTON, FL 33440

#### FEI Number: 26-8997202

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

ACOSTA, ENRIQUE 214 E SUGARLAND CIRCLE CLEWISTON, FL 33440 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:

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title MGR ACOSTA, ENRIQUE Name 214 E SUGARLAND CIRCLE Address City-State-Zip: CLEWISTON FL 33440

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and

GENERAL MANAGER

06/10/2020

Date

#### FILED Jun 10, 2020 Secretary of State 0468577394CC

Certificate of Status Desired: No

Date