

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000106110

**Entity Name:** DIVINE CHOICE 1, LLC

**Current Principal Place of Business:**

2617 OAKGROVE AVENUE  
SAINT AUGUSTINE, FL 32092

**Current Mailing Address:**

2617 OAKGROVE AVE  
ST AUGUSTINE, FL 32092

**FEI Number:** 27-3696230

**Certificate of Status Desired:** No

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

PUBBI, NEETA D  
2617 OAKGROVE AVE  
ST AUGUSTINE, FL 32092 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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

|                 |                       |                 |                          |
|-----------------|-----------------------|-----------------|--------------------------|
| Title           | DIRECTOR              | Title           | ASST DIRECTOR            |
| Name            | PUBBI, NEETA D        | Name            | PUBBI, DINESH            |
| Address         | 2617 OAKGROVE AVE     | Address         | 2617 OAKGROVE AVENUE     |
| City-State-Zip: | ST AUGUSTINE FL 32092 | City-State-Zip: | SAINT AUGUSTINE FL 32092 |

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

**SIGNATURE:** NEETA PUBBI

**DIRECTOR**

**03/09/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date