

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000112648

**Entity Name:** 1ST CHOICE INSPECTORS LLC

**Current Principal Place of Business:**

648 W PENIEL RD  
PALATKA, FL 32177

**Current Mailing Address:**

PO BOX 942  
PALATKA, FL 32178 US

**FEI Number:** 47-1372465

**Certificate of Status Desired:** No

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

MOTES, LISA L  
648 W PENIEL RD  
PALATKA, FL 32177 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	MGR	Title	AUTHORIZED MEMBER
Name	MOTES, RANDALL K	Name	MOTES, LISA LEANN
Address	648 W PENIEL RD	Address	P.O. BOX 942
City-State-Zip:	PALATKA FL 32177	City-State-Zip:	PALATKA FL 32178

*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:** RANDALL MOTES

**MANAGER**

**04/11/2021**

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

\_\_\_\_\_  
Date