SIGNATURE: LAUREN EVANS

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

Electronic Signature of Signing Authorized Person(s) Detail

#### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000060020

# Entity Name: 1ST CHOICE HURRICANE PROTECTION LLC

#### **Current Principal Place of Business:**

25241 BERNWOOD DR SUITE 6 BONITA SPRINGS, FL 34135

### **Current Mailing Address:**

25241 BERNWOOD DR SUITE 6 BONITA SPRINGS, FL 34135 UN

#### FEI Number: 82-0842158

# Name and Address of Current Registered Agent:

LUSTIK, LANCE W 25241 BERNWOOD DR. SUITE 6 BONITA SPRINGS, FL 34135 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	Title	AMBR
Name	LUSTIK, LANCE W	Name	EVANS, LAUREN A
Address	25241 BERNWOOD DR. SUITE 6	Address	25241 BERNWOOD DR. STE 6
City-State-Zip:	BONITA SPRINGS FL 34135	City-State-Zip:	BONITA SPRINGS FL 34135

AUTH MEMBER

01/31/2021 Date

FILED Jan 31, 2021 Secretary of State 0888389684CC

Certificate of Status Desired: No

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

Date