

**2019 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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name LUSTIK, LANCE W  
Address 25241 BERNWOOD DR. SUITE 6  
City-State-Zip: BONITA SPRINGS FL 34135

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

*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:** LANCE LUSTIK

**MGR**

**02/08/2019**

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

\_\_\_\_\_  
Date