

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000074978

**Entity Name:** FIRST PIC, LLC

**Current Principal Place of Business:**

258 NW FIRST AVE.  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

P.O. BOX 900460  
HOMESTEAD, FL 33090-0460

**FEI Number: 82-1104980**

**Certificate of Status Desired: No**

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

SACHER, CHARLES S  
2655 LEJEUNE RD., STE. 1101  
CORAL GABLES, FL 33134 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 DIMARE, ANTHONY J  
Address 258 NW 1ST AVE.  
City-State-Zip: FLORIDA CITY FL 33034

Title MGR  
Name DIMARE, PAUL J JR.  
Address 258 NW 1ST AVE.  
City-State-Zip: FLORIDA CITY FL 33034

Title MGR  
Name DIMARE, SCOTT M  
Address 258 NW 1ST AVE.  
City-State-Zip: FLORIDA CITY FL 33034

Title MGR  
Name DIMARE, GINO M  
Address 258 NW 1ST AVE.  
City-State-Zip: FLORIDA CITY FL 33034

*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: ANTHONY J DIMARE**

**MANAGER**

**03/22/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date