

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000071731

**Entity Name:** FLORIDA FIRST ASSISTANTS, LLC

**Current Principal Place of Business:**

16 WARNER PL  
PALM COAST, FL 32164

**Current Mailing Address:**

16 WARNER PL  
PALM COAST, FL 32164 US

**FEI Number:** 82-5398258

**Certificate of Status Desired:** No

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

BROOMFIELD, ORVILLE  
16 WARNER PL  
PALM COAST, FL 32164 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            AMBR  
Name            BROOMFIELD, ORVILLE  
Address        16 WARNER PL  
City-State-Zip: PALM COAST FL 32164

*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:** ORVILLE BROOMFIELD

AMBR

03/05/2020

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

\_\_\_\_\_  
Date