

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000064635

**Entity Name:** 1ST CHOICE HOME SOLUTIONS LLC

**Current Principal Place of Business:**

317 SW CABOOSE DR  
FT WHITE, FL 32038

**Current Mailing Address:**

317 SW CABOOSE DR  
FT WHITE, FL 32038 US

**FEI Number:** 82-3999526

**Certificate of Status Desired:** No

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

MALZAHN, TARA  
317 SW CABOOSE DR  
FT WHITE, FL 32038 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	Title	AMBR
Name	MALZAHN, TARA	Name	MALZAHN, CRAIG
Address	317 SW CABOOSE DR	Address	317 SW CABOOSE DR
City-State-Zip:	FT WHITE FL 32038	City-State-Zip:	FT WHITE FL 32038

*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:** CRAIG MALZAHN

**OWNER**

**06/23/2020**

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

\_\_\_\_\_  
Date