

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000255390

Entity Name: 1 FOCUS HOLDINGS LLC**Current Principal Place of Business:**1025 E HALLANDALE BEACH BLVD
STE 15 #803
HALLANDALE BEACH, FL 33009**Current Mailing Address:**1025 E HALLANDALE BEACH BLVD
STE 15 #803
HALLANDALE BEACH, FL 33009**FEI Number:** 85-1471227**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DA VAL CONSULTING LLC
5965 STIRLING RD
#236
DAVIE, FL 33314 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 VALBRUN, DANIEL
Address 4719 MCKINLEY STREET
City-State-Zip: HOLLYWOOD FL 33021

Title AMBR
Name 1 AAT CONSULTANTS LLC
Address 8403 PINES BLVD
City-State-Zip: PEMBROKE PINES FL 33024

Title AMBR
Name CROCKETT, JAVAR
Address 1025 E HALLANDALE BEACH BLVD
STE 15 #803
City-State-Zip: HALLANDALE BEACH FL 33009

Title AMBR
Name BATISTA, SWEETIE
Address 7109 NW 58TH CT
City-State-Zip: TAMARAC FL 33021

Title MGR
Name VALBRUN, DANIEL
Address 1025 E HALLANDALE BEACH BLVD
STE 15 #803
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR
Name DA VAL CONSULTING LLC
Address 5965 STIRLING RD #236
City-State-Zip: DAVIE FL 33314

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: JAVAR CROCKETT

AMBR

07/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date