

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000255819

**Entity Name:** 1 CALL WELL & PROPERTY SERVICES, LLC

**Current Principal Place of Business:**

590 TAMIAMI TRAIL  
SUITE 2  
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

P.O. BOX 821  
NOKOMIS, FL 34274 US

**FEI Number:** 84-3483311

**Certificate of Status Desired:** No

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

FISCHER, GABRIELLE  
590 TAMIAMI TRAIL  
UNIT 2  
PORT CHARLOTTE, FL 33953 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 SNYDER, MARK  
Address 120 TERRACE LN  
City-State-Zip: HANNIBAL MO 63401

Title AMBR  
Name FISCHER, BRIAN  
Address 416 TRACY CIRCLE  
City-State-Zip: NOKOMIS FL 34275

Title MGR  
Name FISCHER, GABRIELLE  
Address 3070 10TH CT  
City-State-Zip: VERO BEACH FL 32960

*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:** GABRIELLE FISCHER

**MANAGER**

**01/26/2021**

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

\_\_\_\_\_  
Date