

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000003339

Entity Name: 1ST CHOICE DELIVERY, LLC**Current Principal Place of Business:**9461 DIELMAN ROCK ISLAND INDUSTRIAL DR
ST LOUIS, MO 63132**Current Mailing Address:**9461 DIELMAN ROCK ISLAND INDUSTRIAL DR
ST LOUIS, MO 63132 US**FEI Number:** 82-1152068**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MANAGER
Name HAYMAKER, MARCH
Address 9461 DIELMAN ROCK ISLAND INDUSTRIAL DR
City-State-Zip: ST LOUIS MO 63132

Title MANAGER
Name FLEGEL, JASON
Address 9461 DIELMAN ROCK ISLAND INDUSTRIAL DR
City-State-Zip: ST LOUIS MO 63132

Title MANAGER
Name HONOUR, SCOTT
Address 9461 DIELMAN ROCK ISLAND INDUSTRIAL DR
City-State-Zip: ST LOUIS MO 63132

Title MANAGER
Name OFFENHAUSER, PETER
Address 9461 DIELMAN ROCK ISLAND INDUSTRIAL DR
City-State-Zip: ST LOUIS MO 63132

Title MANAGER
Name FLEGEL, LESLIE
Address 9461 DIELMAN ROCK ISLAND INDUSTRIAL DR
City-State-Zip: ST LOUIS MO 63132

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: JASON FLEGEL

MANAGER

04/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date