

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107988

Entity Name: 1ST CLASS TAX SERVICE, LLC

Current Principal Place of Business:

407 US HWY 17-92 W
HAINES CITY, FL 33844

Current Mailing Address:

407 US HWY 17-92 W
HAINES CITY, FL 33844

FEI Number: 27-0899122

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOYD, CATHY
407 US HWY 17-92 W
HAINES CITY, FL 33844 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 MGRM
Name BOYD, CATHY
Address 349 HAMILTON SHORE DR NE
City-State-Zip: WINTER HAVEN FL 33881

Title MANAGER
Name SEERIGHT, MICHAEL
Address 349 HAMILTON SHORE DR NE
City-State-Zip: WINTER HAVEN FL 33881

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: CATHY BOYD

MGRM

04/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date