

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000143273

Entity Name: THE FIRST ASSIST SERVICES TEAM LLC

Current Principal Place of Business:

3612 ALDER DRIVE APT. 1
WEST PALM BEACH, FL 33417

Current Mailing Address:

PO BOX 222064
WEST PALM BEACH, FL 33342

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARCALAS, GLORIA
3612 ALDER DRIVE APT. 1
WEST PALM BEACH, FL 33417 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 ARCALAS, GLORIA
Address 3612 ALDER DRIVE APT. 1
City-State-Zip: WEST PALM BEACH FL 33417

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: GLORIA ARCALAS

OWNER

03/14/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date