

**2019 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:** Yes

**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

**MANAGER**

**02/19/2019**

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

\_\_\_\_\_ Date