

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000202140

Entity Name: FIRST CHOICE HOME CARE LLC

Current Principal Place of Business:

6135 NW 52ND ST RD
OCALA, FL 34482

Current Mailing Address:

3001 SW COLLEGE ROAD, PMB NO.101
OCALA, FL 34474 US

FEI Number: 85-1924795

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STARKES, LISA Y
6153 NW 52ND ST RD
OCALA, FL 34482 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 STARKES, LISA Y
Address 6135 NW 52ND ST RD
City-State-Zip: Ocala FL 34482

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: LISA Y STARKES

LICENSEE

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date