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.

MANAGER

SIGNATURE: THERESA MASSEY

Electronic Signature of Signing Authorized Person(s) Detail

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:

Authorized Person(s) Detail :

Title	Р	Title	MANAGER
Name	MASSEY, MATHEW	Name	MASSEY, THERESA
Address	789 ATHENS DR	Address	789 ATHENS DRIVE
City-State-Zip:	SAINT AUGUSTINE FL 32092	City-State-Zip:	SAINT AUGUSTINE FL 32092

	Electronic Signature of Registered Agent
horized Pe	urson(s) Detail :

Name and Address of Current Registered Agent:

MASSEY, MATHEW 789 ATHENS DR SAINT AUGUSTINE, FL 32092 US

DOCUMENT# L21000481720 Entity Name: FIRST COAST HOME SOLUTIONS, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

789 ATHENS DR SAINT AUGUSTINE, FL 32092

Current Mailing Address:

789 ATHENS DR SAINT AUGUSTINE, FL 32092 UN

FEI Number: 87-3597804

FILED Jan 09, 2024 Secretary of State 2709096174CC

Date

Certificate of Status Desired: No

01/09/2024

Date