

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057887

FILED
Mar 11, 2009
Secretary of State

Entity Name: BEST FORM, LLC

Current Principal Place of Business:

901 PONCE DE LEON BOULEVARD, SUITE 603
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON BOULEVARD, SUITE 603
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 23-4431610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BOULEVARD, SUITE 603
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARVAJAL, JOSE HAROLD
Address: 901 PONCE DE LEON BOULEVARD, SUITE 603
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: CARVAJAL, AMPARO
Address: 901 PONCE DE LEON BOULEVARD, SUITE 603
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOSE HAROLD CARVAJAL

MGR

03/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date