

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057887

FILED
May 02, 2010
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 ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

I hereby 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: HAROLD CARVAJAL

MGR

05/02/2010

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