

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085927

FILED
Apr 09, 2007
Secretary of State

Entity Name: B E S T REALTY AND DESIGN GROUP LLC

Current Principal Place of Business:

400 FOREST LAKE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

400 FOREST LAKE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 20-3386021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

2020 FINANCIAL ADVISERS, LLC
345 CLYDE MORRIS BLVD
SUITE 460
ORMOND BEACH, FL 32174 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: MGRM () Delete
Name: SWOFFORD, ROBERT
Address: 400 FOREST LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM () Delete
Name: SWOFFORD, SHARON
Address: 400 FOREST LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM () Delete
Name: TRANTER, WENDY
Address: 400 FOREST LAKE DR
City-St-Zip: ATLAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES:

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

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 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: ROBERT G. SWOFFORD, JR.

MGRM

04/09/2007

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