

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000059757

**Entity Name:** BEST QUALITY INSURANCE GROUP LLC

**Current Principal Place of Business:**

8181 NW 36 STREET  
1010  
DORAL, FL 33166

**Current Mailing Address:**

8181 NW 36 STREET  
1010  
DORAL, FL 33166

**FEI Number:** 35-2299728

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRELA, MARIA J  
14464 SW 15 ST  
MIAMI, FL 33184 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 GRELA, MARIA J  
Address 8181 NW 36 STREET, SUITE 1010  
City-State-Zip: DORAL FL 33166

Title MGRM  
Name NOGUEIRA, YAIMA  
Address 8181 NW 36 STREET, SUITE 1010  
City-State-Zip: DORAL FL 33166

*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:** MARIA GRELA

**PRESIDENT**

**01/16/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date