

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000108298

**Entity Name:** BEST FINANCIAL INVESTMENTS, LLC

**Current Principal Place of Business:**

8800 UNIVERSITY PARKWAY  
SUITE C-2  
PENSACOLA, FL 32514

**Current Mailing Address:**

8800 UNIVERSITY PARKWAY  
SUITE C-2  
PENSACOLA, FL 32514 US

**FEI Number:** 26-1299326

**Certificate of Status Desired:** No

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

RAMIREZ, LUIS  
8800 UNIVERSITY PARKWAY  
SUITE C-2  
PENSACOLA, FL 32514 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:** LUIS RAMIREZ

02/24/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BEST FINANCIAL SERVICES & ASSOCIATES INC.  
Address 8800 UNIVERSITY PARKWAY SUITE C-2  
City-State-Zip: PENSACOLA FL 32514

Title AUTHORIZED REPRESENTATIVE  
Name SMITH, KAREN  
Address 190 E. THRASHER DRIVE  
City-State-Zip: BRONSON FL 32621

Title MGRM  
Name RAMIREZ, LUIS  
Address 8800 UNIVERSITY PARKWAY SUITE C-2  
City-State-Zip: PENSACOLA FL 32514

Title AUTHORIZED REPRESENTATIVE  
Name RAMIREZ, LECHELLE  
Address 8800 UNIVERSITY PARKWAY SUITE C-2  
City-State-Zip: PENSACOLA FL 32514

*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:** LUIS RAMIREZ

MGRM

02/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date