

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000083718

**FILED  
Jan 11, 2015  
Secretary of State  
CC6402004762**

**Entity Name:** A-1 BEST SERVICE LLC

**Current Principal Place of Business:**

252 W ARDICE AVE  
STE 420  
EUSTIS, FL 32726

**Current Mailing Address:**

252 W ARDICE AVE  
STE 420  
EUSTIS, FL 32726 US

**FEI Number:** 80-0782836

**Certificate of Status Desired:** No

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

LEPORTE, LEANDRA  
252 W ARDICE AVE  
STE 420  
EUSTIS, FL 32726 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 MGRM  
Name LEPORTE, LEANDRA  
Address 252 W ARDICE AVE  
STE 420  
City-State-Zip: EUSTIS FL 32726

Title MGRM  
Name LEPORTE, CAESAR  
Address 252 W ARDICE AVE STE 420  
City-State-Zip: EUSTIS FL 32726

*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:** LEANDRA LEPORTE

**OWNER**

**01/11/2015**

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

\_\_\_\_\_  
Date