# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L11000083718

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

#### 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

#### Authorized Person(s) Detail :

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

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 11, 2015 Secretary of State CC6402004762

Certificate of Status Desired: No