## 2014 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 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

FILED Jan 08, 2014

**Secretary of State** 

CC2774899068

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name LEPORTE, LEANDRA Name LEPORTE, CAESAR

Address 252 W ARDICE AVE Address 252 W ARDICE AVE STE 420

STE 420 City-State-Zip: EUSTIS FL 32726

City-State-Zip: EUSTIS FL 32726

Title MGRM

Name LEPORTE, DEBORAH

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

Electronic Signature of Signing Authorized Person(s) Detail

PRINCIPAL OWNER

01/08/2014