

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000091558

Entity Name: BEST USA INSURANCE LLC

Current Principal Place of Business:

808 NE 125 ST
NORTH MIAMI, FL 33161

Current Mailing Address:

14893 SW 38 CT
MIRAMAR, FL 33027 US

FEI Number: 46-3062130

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, LINCOLN
14893 SW 38 CT
MIRAMAR, FL 33027 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 THOMAS, LINCOLN
Address 808 NE 125 ST
City-State-Zip: NORTH MIAMI FL 33161

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: LINCOLN THOMAS

MGR

03/17/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date