

**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