

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000114776

Entity Name: DS BEST CARE, LLC

Current Principal Place of Business:

5197 S ORANGE AVE
ORLANDO, FL 32809

Current Mailing Address:

5197 S ORANGE AVE
ORLANDO, FL 32809 US

FEI Number: 46-3418570

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVA, DECIO L
5197 S ORANGE AVE
183
ORLANDO, FL 32809 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: DECIO L SILVA

03/26/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	SILVA, DECIO L	Name	SILVA, SILVIA BEATRIZ AMBROZIO
Address	5197 S ORANGE AVE	Address	14132 SIERRA VISTA DR
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32837

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: DECIO LUIZ SILVA

MANAGER

03/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date