

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000048030

Entity Name: BEST4UINSURANCE LLC

Current Principal Place of Business:

10823 CYPRESS BEND DRIVE
BOCA RATON, FL 33498

Current Mailing Address:

10823 CYPRESS BEND DRIVE
BOCA RATON, FL 33498 US

FEI Number: 46-5265823

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MILWICK, PAMELA
10823 CYPRESS BEND DRIVE
BOCA RATON, FL 33498 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	MGRM	Title	MGRM
Name	PAMELA KAY MILWICK LIVING TRUST	Name	MARK D MILWICK LIVING TRUST
Address	10823 CYPRESS BEND DRIVE	Address	10823 CYPRESS BEND DRIVE
City-State-Zip:	BOCA RATON FL 33498	City-State-Zip:	BOCA RATON FL 33498

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: PAMELA K. MILWICK

REGISTERED AGENT

01/11/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date