

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000048030

**Entity Name:** BEST4UINSURANCE LLC

**Current Principal Place of Business:**

125 S. STATE RD. 7  
SUITE #104-113  
WELLINGTON, FL 33414

**FILED**  
**Jan 25, 2018**  
**Secretary of State**  
**CC6298056409**

**Current Mailing Address:**

125 S. STATE RD. 7  
SUITE #104-113  
WELLINGTON, FL 33414 US

**FEI Number:** 46-5265823

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILWICK, PAMELA  
125 S. STATE RD. 7  
SUITE #104-113  
WELLINGTON, FL 33414 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  
Name PAMELA KAY MILWICK LIVING TRUST  
Address 125 S. STATE RD 7  
SUITE #104-113  
City-State-Zip: WELLINGTON FL 33414

Title MGRM  
Name MARK D MILWICK LIVING TRUST  
Address 125 S. STATE RD 7  
SUITE #104-113  
City-State-Zip: WELLINGTON FL 33414

*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 MILWICK

**MGRM**

**01/25/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date