

2019 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
Apr 04, 2019
Secretary of State
8983110580CC

Current Mailing Address:

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

FEI Number: 46-5265823

Certificate of Status Desired: Yes

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	Title	MGRM
Name	PAMELA KAY MILWICK LIVING TRUST	Name	MARK D MILWICK LIVING TRUST
Address	125 S. STATE RD 7 SUITE #104-113	Address	125 S. STATE RD 7 SUITE #104-113
City-State-Zip:	WELLINGTON FL 33414	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: BEST4UINSURANCE@GMAIL.COM

MANAGER

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail Date