

2020 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

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
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

02/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date