# 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: FABIOLA ACACIO

Electronic Signature of Signing Authorized Person(s) Detail

**Current Principal Place of Business:** 10550 NW 74 STREET UNIT 108 MEDLEY, FL 33178

## **Current Mailing Address:**

10550 NW 74 STREET UNIT 108 MEDLEY, FL 33178 US

### FEI Number: 81-1786107

### Name and Address of Current Registered Agent:

ACACIO, FABIOLA 10550 NW 74 STREET UNIT 108 MEDLEY, FL 33178 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: FABIOLA ACACIO

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title MGR Name ACACIO, FABIOLA Address 10550 NW 74 STREET UNIT 108 City-State-Zip: MEDLEY FL 33178

MGR FABIOLA

06/01/2020

FILED Jun 01, 2020 Secretary of State 0469742597CR

Certificate of Status Desired: No

06/01/2020 Date

Date

# 2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L16000051172

# Entity Name: BEST MIAMI SERVICES & DISTRIBUTION 21 LLC