

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000222942

Entity Name: BESTMEDICAL L.L.C.

Current Principal Place of Business:

11604 ORANGE PALM WAY
TAMPA, FL 33626

Current Mailing Address:

11604 ORANGE PALM WAY
TAMPA, FL 33626

FEI Number: 81-5069398

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALDES CRESPO, RAIDEL
11604 ORANGE PALM WAY
TAMPA, FL 33626 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 PRESIDENT
Name VALDES CRESPO, RAIDEL DR.
Address 11604 ORANGE PALM WAY
City-State-Zip: TAMPA FL 33626

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: RAIDEL VALDES CRESPO

PRESIDENT

03/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date