

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000222942

Entity Name: BESTMEDICAL L.L.C.

Current Principal Place of Business:

4730 N. HABANA AVE
SUITE 204
TAMPA, FL 33614

Current Mailing Address:

4730 N. HABANA AVE
SUITE 204
TAMPA, FL 33614 US

FEI Number: 81-5069398

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALDES CRESPO, RAIDEL
4730 N. HABANA AVE
SUITE 204
TAMPA, FL 33614 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 4730 N. HABANA AVE
 SUITE 204
City-State-Zip: TAMPA FL 33614

Title OFFICE MANAGER
Name BORREGO, JENNY
Address 4730 N. HABANA AVE
 SUITE 204
City-State-Zip: TAMPA FL 33614

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: JENNY BORREGO

OFFICE MANAGER

01/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date