

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000098167

**Entity Name:** FLORIDA BEST LIFE LLC

**Current Principal Place of Business:**

20515 E. COUNTRY CLUB DR  
APT 2045  
AVENTURA, FL 33180

**Current Mailing Address:**

20515 E. COUNTRY CLUB DR  
APT 2045  
AVENTURA, FL 33180

**FEI Number:** 82-1421995

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAREDES, SALOMON G  
20515 E. COUNTRY CLUB DR  
APT 2045  
AVENTURA, FL 33180 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            CEO  
Name            BAREDES, SALOMON GABRIEL  
Address        20515 E. COUNTRY CLUB DR., APT.  
                  2045  
                  APT. 2045  
City-State-Zip: AVENTURA FL 33180

Title            SECRETARY  
Name            PERCIAVALLE, PETER JOHN  
Address        20515 E. COUNTRY CLUB DR  
                  APT 846  
City-State-Zip: AVENTURA FL 33180

*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:** SALOMON GABRIEL BAREDES

CEO

01/17/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date