

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000117900

**Entity Name:** BEST QUALITY FLOOR CARE, LLC

**Current Principal Place of Business:**

251 VALENCIA AVE,  
144404  
CORAL GABLES, FL 33134

**Current Mailing Address:**

251 VALENCIA AVE,  
144404  
CORAL GABLES, FL 33134

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GONZALEZ, NELSON  
251 VALENCIA AVE  
144404  
CORAL GABLES, FL 33134 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            MGR  
Name            CASTELLANOS, AIN  
Address        251 VALENCIA AVE, 144404  
City-State-Zip: CORAL GABLES FL 33134

Title            AP  
Name            MILIAN, MARTHA  
Address        251 VALENCIA AVE #144404  
City-State-Zip: CORAL GABLES FL 33114

*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:** MILIAN , MARTHA

AP

03/15/2019

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

\_\_\_\_\_  
Date