| Current P | rincipal Place of Business: | | |
|--------------------------|---|--|---|
| 17305 SW 8 | ST | | |
| PEMBROKE | PINES, FL 33029 | | |
| Current M | lailing Address: | | |
| 17305 SW | / 8 ST | | |
| PEMBROKE PINES, FL 33029 | | | |
| | | | |
| FEI Numb | per: 82-4952876 | | Certificate of Status Desired |
| Name and | d Address of Current Registered | Agent: | |
| GONZALEZ | , JORGE | | |
| 17305 SW 8 | ÷ · | | |
| PEMBROKE | PINES, FL 33029 US | | |
| The above na | med entity submits this statement for the purpose | of changing its registered office or reg | yistered agent, or both, in the State of Florida. |
| SIGNATU | RE: | | |
| | Electronic Signature of Registered Ag | ant | |
| | | Jent | |
| Authorize | ed Person(s) Detail : | | |
| Title | MGR | Title | MGR |
| Name | GONZALEZ, JORGE | Name | GONZALEZ, MAGALY |
| Address | 17305 SW 8 ST | Address | 17305 SW 8 ST |
| | | | |

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: JORGE GONZALEZ

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

City-State-Zip:

tificate of Status Desired: No

PEMBROKE PINES FL 33029

Date

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: BEST SPORTS CARDS AND COLLECTABLES LLC

Current Principal Place of Business:

City-State-Zip: PEMBROKE PINES FL 33029

DOCUMENT# L18000073156

FILED Jun 08, 2020 Secretary of State 6410188449CC

Date

06/08/2020