

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000158709

**Entity Name:** Z BEST SERIVCE LLC

**Current Principal Place of Business:**

17886 COLLINS AVE  
APT 4301  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17886 COLLINS AVE  
APT 4301  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 83-1132729

**Certificate of Status Desired:** No

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

GLEIZER, ELLA  
17886 COLLINS AVE  
APT 4301  
SUNNY ISLES BEACH, FL 33160 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:** ELLA GLEIZER

10/21/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name GLEIZER, ELLA  
Address 17886 COLLINS AVE  
APT 4301  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** ELLA GLEIZER

MBR

10/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date