

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000250490

**Entity Name:** BEST CFOS

**Current Principal Place of Business:**

2901 1ST AVENUE N.  
SUITE 202  
ST. PETE, FL 33713

**Current Mailing Address:**

2901 1ST AVENUE N.  
SUITE 202  
ST. PETE, FL 33713 US

**FEI Number:** 83-2415718

**Certificate of Status Desired:** No

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

WATERMAN, JOHN E  
2901 1ST AVENUE N.  
SUITE 202  
ST. PETE, FL 33713 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 WATERMAN, JOHN E  
Address 2901 1ST AVENUE N.  
SUITE 202  
City-State-Zip: ST. PETE FL 33713

Title AP  
Name HERMAN, ALISON D  
Address 678 CORTEZ BLVD  
City-State-Zip: TIERRA VERDE FL 33715

*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:** JOHN WATERMAN

**OWNER**

**05/16/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date