

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000081807

**Entity Name:** BESTLYFE, LLC

**Current Principal Place of Business:**

3625 HARTSFIELD FOREST CIRCLE  
JACKSONVILLE, FL 32277

**Current Mailing Address:**

3625 HARTSFIELD FOREST CIRCLE  
JACKSONVILLE, FL 32277 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

COSGROVE, KARINA I  
3625 HARTSFIELD FOREST CIRCLE  
JACKSONVILLE, FL 32277 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:** KARINA COSGROVE

09/19/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AR  
Name COSGROVE, KARINA I  
Address 3625 HARTSFIELD FOREST CIRCLE  
City-State-Zip: JACKSONVILLE FL 32277

*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:** KARINA COSGROVE

OWNER

09/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date