that my name appears above, or on an attachment with all other like empowered. SIG

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 2670 NW 84TH AVE

Entity Name: BEST USA GOODS LLC

SUITE 209 DORAL, FL 33122

Current Mailing Address:

2670 NW 84TH AVE SUITE 209 DORAL, FL 33122 US

FEI Number: 84-2796312

Name and Address of Current Registered Agent:

BENEVIDES, MARCELO 2670 NW 84TH AV SUITE 209 DORAL, FL 33122 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

Authorized	Person(s)	Detail :
/		Dotan

reison(s) Delan.		
AMBR	Title	AMBR
BENEVIDES, MARCELO	Name	DACOSTA, FILOMENA
2670 NW 84TH AV SUITE 209	Address	2670 NW 84TH AV SUITE 209
DORAL FL 33122	City-State-Zip:	DORAL FL 33122
	AMBR BENEVIDES, MARCELO 2670 NW 84TH AV SUITE 209	AMBRTitleBENEVIDES, MARCELOName2670 NW 84TH AV SUITE 209Address

FILED Apr 08, 2021 Secretary of State 1767298427CC

Date

Certificate of Status Desired: No

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

GNATURE: BENEVIDES MARCELO	

AMBR

04/08/2021 Date



2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000207327