

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000223129

**Entity Name:** BEST FLOOD INSURANCE LLC

**Current Principal Place of Business:**

3001 NORTH ROCKY POINT DRIVE EAST  
SUITE 200  
TAMPA, FL 33607

**Current Mailing Address:**

3001 NORTH ROCKY POINT DRIVE EAST  
SUITE 200  
TAMPA, FL 33607 US

**FEI Number:** 86-2298107

**Certificate of Status Desired:** No

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

HUBBARD, BRADLEY A  
3001 NORTH ROCKY POINT DRIVE EAST  
SUITE 200  
TAMPA, FL 33607 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:** BRADLEY A. HUBBARD

02/26/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HUBBARD, BRADLEY A  
Address 3001 NORTH ROCKY POINT DRIVE  
EAST  
SUITE 200  
City-State-Zip: TAMPA FL 33607

Title AMBR  
Name LAIRET, ENRIQUE  
Address 3001 NORTH ROCKY POINT DRIVE  
EAST  
SUITE 200  
City-State-Zip: TAMPA FL 33607

Title AMBR  
Name LOGAN, CHRISTOPHER R  
Address 3001 NORTH ROCKY POINT DRIVE  
EAST  
SUITE 200  
City-State-Zip: TAMPA FL 33607

*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:** BRADLEY A. HUBBARD

MANAGER

02/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date