

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000033566

**Entity Name:** QUEST FOR EXCELLENCE, LLC

**Current Principal Place of Business:**

950 N KROME AVE  
STE 207  
HOMESTEAD, FL 33030

**Current Mailing Address:**

950 N KROME AVE  
STE 207  
HOMESTEAD, FL 33030

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

PAZ-MESA, LIDIA  
950 N KROME AVE  
STE 207  
HOMESTEAD, FL 33030 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 AMBR  
Name REAP A HARVEST, LLC  
Address 200 W. 34TH AVE. #977  
City-State-Zip: ANCHORAGE AK 99503

*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:** DR LIDIA PAZ DDS

AGENT

04/04/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date