

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000250219

**Entity Name:** BEST HEALTHCARE OPTIONS INSURANCE AGENCY LLC

**Current Principal Place of Business:**

2000 W COMMERCIAL BLVD

FT LAUDERDALE, FL 33309

**Current Mailing Address:**

2000 W COMMERCIAL BLVD

FT LAUDERDALE, FL 33309 US

**FEI Number:** 85-2711229

**Certificate of Status Desired:** No

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

SKURATON, TIFFANY  
909 NW 3RD AVE

FT LAUDERDALE, FL 33311 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 P

Name SKURATON, TIFFANY

Address 909 NW 3RD AVE

City-State-Zip: FT LAUDERDALE FL 33311

*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:** TIFFANY SKURATON

P

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date