

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000285420

**Entity Name:** BEST SALE USA LLC

**Current Principal Place of Business:**

2350 SW 27 AVE  
APT 505  
MIAMI, FL 33145

**FILED**  
**Apr 05, 2024**  
**Secretary of State**  
**5540808931CC**

**Current Mailing Address:**

2350 SW 27 AVE  
APT 505  
MIAMI, FL 33145 US

**FEI Number:** 85-2892890

**Certificate of Status Desired:** No

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

FLORES, CRISTIAN D SR.  
2350 SW 27 AVE  
APT 505  
MIAMI, FL 33145 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            FLORES, CRISTIAN D SR.  
Address        2350 SW 27 AVE  
                  APT 505  
City-State-Zip: MIAMI FL 33145

*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:** CRISTIAN D. FLORES

AMBR

04/05/2024

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

\_\_\_\_\_  
Date