

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000131048

Entity Name: CABANAS BEST PRODUCT, LLC

Current Principal Place of Business:

4129 W 11TH CT
HIALEAH, FL 33012

Current Mailing Address:

4129 W 11TH CT
HIALEAH, FL 33012

FEI Number: 87-0887672

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTH RIVER INSURANCE AND SERVICES LLC
11003 NW SOUTH RIVER DRIVE
MEDLEY, FL 33178 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: YANAYS DELBUSTO

01/09/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	P	Title	VP
Name	CABANAS, MITCHEL P	Name	CABANAS, ARLENE VP
Address	4129 W 11TH CT	Address	4129 W 11TH CT
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

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: MITCHEL CABANAS

PRESIDENT

01/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date