

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000347646

Entity Name: THE BEST INSURANCE ADVISORS, LLC

Current Principal Place of Business:

2116 PASA VERDE LANE
WESTON, FL 33327

Current Mailing Address:

2116 PASA VERDE LN
WESTON, FL 33327 US

FEI Number: 88-4032290

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLUCCI, MARIA C
2116 PASA VERDE LANE
WESTON, FL 33327 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 MGR
Name COLUCCI, MARIA C
Address 2116 PASA VERDE LN
City-State-Zip: WESTON FL 33327

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: MARIA CRISTINA COLUCCI

MGR

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date