2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008910

1. Entity Name
BESTNSHOW, LLC

Principal Place of Business	Mailing Address
757 SE 17TH ST #826 FORT LAUDERDALE, FL 33316	CINDY GARDERE, ACCOUNTANT P O BOX 31046 SEA ISLAND, GA 31561

DO NOT WRITE IN THIS SPACE

03292007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
30-0285212	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BOSTIC, ROBERT STEVEN
757 SE 17TH ST
#826
FORT LAUDERDALE, FL 33316

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSTIC, ROBERT S 757 SE 17THST #826 FORT LAUDERDALE, FL 33316
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #