

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90352 045 ****50.00

DOCUMENT # L03000039763

1. Entity Name
BEST AMERICAN FINANCING, LLC



Principal Place of Business
**102 BAYTREE CT.
WINTER SPRINGS, FL 32708**

Mailing Address
**102 BAYTREE CT.
WINTER SPRINGS, FL 32708**

60034206



2. Principal Place of Business - No P.O. Box #
6220 S. O.B.T.
Suite, Apt. #, etc. **194**

3. Mailing Address
6220 S. O.B.T.
Suite, Apt. #, etc. **194**

04042007 Chg-LLC CR2E083 (12/06)

City & State
Orlando, FL
Zip **32809** Country **Orange**

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Orlando, FL
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4. FEI Number
20-0340521 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GARBAN, OMAR A
11640 BOGGY CREEK RD.
ORLANDO, FL 32824**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARBAN, OMAR A 1140 BOGGY CREEK ROAD ORLANDO, FL 32824	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Garban, Omar A 6220 S. O.B.T. #194 Orlando, FL 32809	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: **4-5-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #