


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000045878 1. Entity Name BEST GAS LLC	
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Principal Place of Business 2970 CABBAGE HAMMOCK ST. AUGUSTINE, FL 32092	Mailing Address 2970 CABBAGE HAMMOCK ST. AUGUSTINE, FL 32092
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DO NOT WRITE IN THIS SPACE



07172007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-2036064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TIPTON, RON
2970 CABBAGE HAMMOCK
ST. AUGUSTINE, FL 32092

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by September 14, 2007**

11000000771260
09/02/07-80004-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TIPTON, RON 2970 CABBAGE HAMMOCK ST. AUGUSTINE, FL 32092
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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:  **7-25-07** **904-824-2378**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #