## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000050955

Entity Name: THE BEST EXPRESS L.L.C.

**FILED** Mar 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

10865 WILLIAM AND MARY CT ORLANDO, FL 32821

**Current Mailing Address: New Mailing Address:** 

PO BOX 692287 ORLANDO, FL 328692287

FEI Number: 20-1834458 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZAHNLEUTER, JOHN BEST, PATRICIA 10865 WILLIAM AND MARY CT 10865 WILLIAM AND MARY CT

ORLANDO, FL 32821 ORLANDO, FL 32821

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: PATRICIA BEST 03/25/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM (X) Delete Title: () Change () Addition

ZAHNLEUTER, JOHN Name: Name: Address: 1190 MINEOLA CIRCLE Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: BEST, PATRICIA Name: Address: 10865 WILLIAM AND MARY CT Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

BEST, RICHARD Name: Name: 10865 WILLIAM AND MARY CT Address: Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PATRICIA BEST **MGRM** 03/25/2009