

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050955

FILED
Mar 25, 2009
Secretary of State

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

Current Principal Place of Business:

10865 WILLIAM AND MARY CT
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

PO BOX 692287
ORLANDO, FL 328692287

New Mailing Address:

FEI Number: 20-1834458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAHNLEUTER, JOHN
10865 WILLIAM AND MARY CT
ORLANDO, FL 32821 US

Name and Address of New Registered Agent:

BEST, PATRICIA
10865 WILLIAM AND MARY CT
ORLANDO, FL 32821 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: PATRICIA BEST

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: ZAHNLEUTER, JOHN
Address: 1190 MINEOLA CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: BEST, PATRICIA
Address: 10865 WILLIAM AND MARY CT
City-St-Zip: ORLANDO, FL 32821

Title: MGRM () Delete
Name: BEST, RICHARD
Address: 10865 WILLIAM AND MARY CT
City-St-Zip: ORLANDO, FL 32821

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date