

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90029 050 ****50.00

DOCUMENT # L05000031876

1. Entity Name
BEST FINISH, LLC



Principal Place of Business
**1050 CHATHAM PINES CIR
204
WINTER SPRINGS, FL 32708**

Mailing Address
**1050 CHATHAM PINES CIR
204
WINTER SPRINGS, FL 32708**



2. Principal Place of Business
**1176 PASEO del MAR
Suite, Apt. #, etc.
B**

3. Mailing Address
**1176 PASEO del MAR
Suite, Apt. #, etc.
B**

03032006 Chg-LLC CR2E083 (11/05)

City & State
Casselberry, FL
Zip
32707
Country
U.S.

City & State
Casselberry, FL
Zip
32707
Country
U.S.

4. FEI Number
510568416

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STURUP, GUSTAVO
1050 CHATHAM PINES CIR
204
WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent

Name
1176 PASEO del MAR #B
Street Address (P.O. Box Number is Not Acceptable)

City
Casselberry FL Zip Code
32703

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

X 03-04-06

**Filing Fee Is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	P/D/T GUSTAVO STURUP	1176 PASEO del MAR #B	Casselberry, FL 32707		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

X 03-04-06

Date

Daytime Phone #

X 407-7382492