

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000032084

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** BEST PROFESSIONAL BUSINESS L.L.C.

**Current Principal Place of Business:**

628 NW AVE L  
STE 2  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2984  
BELLE GLADE, FL 33430

**New Mailing Address:**

628 NW AVE L  
STE 2  
BELLE GLADE, FL 33430

**FEI Number:** 26-4648093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RANGEL, MARY  
1117 NE 22ND ST  
BELLEGLADE, FL 33430 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** RANGEL, MARY A  
**Address:** 1117 E 22ND ST  
**City-St-Zip:** BELLE GLADE, FL 33430

I hereby 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:** MARY RANGEL

OWN

04/13/2012

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