

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000079626

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** BEST INSURANCE CHOICE III, LLC

**Current Principal Place of Business:**

8039 W SAMPLE RD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

8039 W SAMPLE RD  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 27-0754657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TURIZO, EDWIN D  
8039 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065 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:** MGR  
**Name:** TURIZO, EDWIN D  
**Address:** 8039 W. SAMPLE ROAD  
**City-St-Zip:** CORAL SPRINGS, FL 33065

**Title:** MGRM  
**Name:** RAMIREZ, OLGA  
**Address:** 8039 W. SAMPLE ROAD  
**City-St-Zip:** CORAL SPRINGS, FL 33065

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:** EDWIN TURIZO

PRIN

04/05/2012

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