

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000023709

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** BEST CASH FLOW LLC

**Current Principal Place of Business:**

4597 NW HWY 70  
ARCADIA, FL 34266

**New Principal Place of Business:**

4597 NW HWY 70  
ARCADIA, FL 34266 UN

**Current Mailing Address:**

PO BOX 52033  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 27-2166493      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MHM 39 LLC  
4597 NW HWY 70  
ARCADIA, FL 34266 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:** MHM 39 LLC  
**Address:** 4597 NW HWY 70  
**City-St-Zip:** ARCADIA, FL 34266

**Title:** MGRM  
**Name:** INFINITE CASH FLOW LLC  
**Address:** 5077 FRUITVILLE RD UNIT 109-111  
**City-St-Zip:** BRADENTON,, FL 34211

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: MHM 39      MGR      03/08/2012

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