

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000086376

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** BEST SOLUTION MULTI SERVICES LLC

**Current Principal Place of Business:**

605 BELVEDERE RD.  
SUITE 12  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

4733 W. ATLANTIC AVE  
SUITE 12C  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

P.O. BOX 4346  
BOYNTON BEACH, FL 33424

**New Mailing Address:**

**FEI Number:** 45-2468022

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOLICOEUR, JEAN NESLY  
12 SOUTHERN CROSS CIRCLE  
APT 103  
BOYNTON BEACH, FL 33436 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: JOLICOEUR, JEAN NESLY  
Address: P.O. BOX 4346  
City-St-Zip: BOYNTON BEACH, FL 33424

Title: MGR  
Name: JOLICOEUR, DANIEL  
Address: 1501 CATHERINE DR #1  
City-St-Zip: DELRAY BEACH, FL 33445

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: JEAN NESLY JOLICOEUR

MGR

04/02/2012

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