SIGNATURE	ATHENA OWEN		02/13/2017
	Electronic Signature of Registered Agent		Date
Officer/Dired	ctor Detail :		
Title	P, D	Title	T, S
Name	OWEN, THOMAS M	Name	OWEN, ATHENA
Address	611 S. FT. HARRISON AVE., UNIT 376	Address	611 S. FT. HARRISON AVE., UNIT 376
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	CLEARWATER FL 33756
Title	D		
Name	OWEN, ATHENA		
Address	611 S. FT. HARRISON AVE., UNIT 376		
City-State-Zip:	CLEARWATER FL 33756		

611 S. FT. HARRISON AVE. 376 CLEARWATER, FL 33756 US

DOCUMENT# P16000024444

Entity Name: ELLIE'S BEST, INC.

**Current Principal Place of Business:** 

## FEI Number: 30-0274463

**Current Mailing Address:** 

## Name and Address of Current Registered Agent:

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

OWEN, ATHENA 108 MIRA VISTA DR. DUNEDIN, FL 34698 US

108 MIRA VISTA DR. DUNEDIN, FL 34698

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ATHENA OWEN

Electronic Signature of Signing Officer/Director Detail

VICE PRESIDENT

02/13/2017

## FILED Feb 13, 2017 Secretary of State CC1261949829

Certificate of Status Desired: No

Date