

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000009860

**Entity Name:** BEST RATE INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

5136 FLORIA DRIVE.  
APT. G  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

5136 FLORIA DRIVE.  
APT. G  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 80-0144755

**Certificate of Status Desired:** Yes

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

PANZA, RICHARD  
5136 FLORIA DRIVE  
APT. G  
BOYNTON BEACH, FL 33437 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name PANZA, RICHARD  
Address 5136 FLORIA DRIVE APT. G  
City-State-Zip: BOYNTON BEACH FL 33437

*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 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD PANZA

**PRESIDENT**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date