

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000091259

**Entity Name:** SOUTHERN BEST MIAMI LLC

**Current Principal Place of Business:**

4200 NW 167 ST  
OPA LOCKA, FL 33054

**Current Mailing Address:**

4200 NW 167 ST  
OPA LOCKA, FL 33054

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CAPO, JESUS R  
4200 NW 167 ST  
OPA LOCKA, FL 33054 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 CAPO, JESUS R  
Address 4200 NW 167 ST  
City-State-Zip: OPA LOCKA FL 33054

Title MGRM  
Name CAPO, JACQUELINE M  
Address 4200 NW 167 ST  
City-State-Zip: OPA LOCKA FL 33054

Title MGRM  
Name NIEVES, MANUEL  
Address 8430 SW 8 ST  
502B  
City-State-Zip: MIAMI FL 33144

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

**SIGNATURE:** JESUS R CAPO

MGRM

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date