

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000116660

**Entity Name:** BEST PALM BEACH LLC

**Current Principal Place of Business:**

516 MONCEAUX RD  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

3511 NE 22 AVE  
SUITE 350  
FORT LAUDERDALE, FL 33308

**FEI Number:** 80-0849382

**Certificate of Status Desired:** No

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

ALBANESE, ARVID  
3511 NE 22 AVE  
SUITE 350  
FORT LAUDERDALE, FL 33308 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 MGR  
Name ALBANESE, ARVID  
Address 3511 NE 22 AVE SUITE 350  
City-State-Zip: FORT LAUDERDALE FL 33308

*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:** ARVID ALBANESE

**MANAGER**

**03/20/2023**

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

\_\_\_\_\_  
Date