

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000126669

**Entity Name:** BEST DEFINITION STUDIO "LLC"

**Current Principal Place of Business:**

4077 NE 5TH TER  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

4077 NE 5TH TER  
OAKLAND PARK, FL 33334 US

**FEI Number:** 47-1910108

**Certificate of Status Desired:** No

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

VALERY, LEZIN  
4077 NE 5TH TER  
OAKLAND PARK, FL 33334 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:** VALERY LEZIN

05/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP  
Name LEZIN, EDUINE S  
Address 4077 NE 5TH TERRACE  
City-State-Zip: OAKLAND PARK FL 33334

Title CEO  
Name LEZIN, VALERY S  
Address 4077 NE 5TH TERRACE  
City-State-Zip: OAKLAND PARK FL 33334

Title VP  
Name VALERY, LEZIN S  
Address 4077 NE 5TH TERRACE  
City-State-Zip: OAKLAND PARK FL 33334

Title VP  
Name VALERY, LEZIN S  
Address 4077 NE 5TH TERRACE  
City-State-Zip: OAKLAND PARK FL 33334

*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:** LEZIN, EDUINE S

MANAGER

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date