

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000171886

Entity Name: BEST CARE MANAGEMENT LLC

Current Principal Place of Business:

3111 W. FLAGLER ST
3
MIAMI, FL 33135

Current Mailing Address:

3111 W. FLAGLER ST
3
MIAMI, FL 33135 US

FEI Number: 81-3841795

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVILA PEREZ, MAHE
3111 W. FLAGLER ST
3
MIAMI, FL 33135 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 DAVILA PEREZ, MAHE
Address 3111 W. FLAGLER ST
City-State-Zip: MIAMI FL 33135

Title MGR
Name ESTEVEZ APARICIO, GONZALO
Address 911 E 9 AVE
City-State-Zip: HIALEAH FL 33010

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: MAHE BARBARA DAVILA PEREZ

02/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date