

**2019 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

**FILED**  
**Feb 05, 2019**  
**Secretary of State**  
**0695744847CC**

**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 DAVILA PEREZ**

**02/05/2019**

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

\_\_\_\_\_  
Date