

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000171886

**Entity Name:** BEST CARE MANAGEMENT LLC

**Current Principal Place of Business:**

11401 SW 193 TERR  
MIAMI, FL 33137

**Current Mailing Address:**

11401 SW 193 TER  
MIAMI, FL 33157 US

**FEI Number: 81-3841795**

**Certificate of Status Desired: No**

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

DAVILA PEREZ, MAHE  
11401 SW 193 TER  
3  
MIAMI, FL 33157 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	Title	MGR
Name	DAVILA PEREZ, MAHE	Name	ESTEVEZ APARICIO, GONZALO
Address	11401 SW 193 TER	Address	11401 SW 193 TER
City-State-Zip:	MIAMI FL 33157	City-State-Zip:	MIAMI FL 33157

*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**

**01/21/2025**

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

\_\_\_\_\_  
Date