

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000226528

Entity Name: BEST RENTAL, LLC

Current Principal Place of Business:

1450 EAST ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

PO BOX 180219
CASSELBERRY, FL 32718-0219 US

FEI Number: 82-3295952

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAWICKI, BRETT
1450 EAST ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701 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 MGRM
Name LAWICKI, BRETT
Address PO BOX 180219
City-State-Zip: CASSELBERRY FL 32718-0219

Title MGRM
Name LAWICKI, AUSTIN
Address PO BOX 180219
City-State-Zip: CASSELBERRY FL 32718-0219

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: BRETT LAWICKI

MGRM

02/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date