

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000007486

**Entity Name:** BEST WELLNESS USA LLC

**Current Principal Place of Business:**

2701 NW 29 TERRACE  
LAUDERDALE LAKES, FL 33311

**Current Mailing Address:**

4930 NW 65TH AVE  
LAUDERHILL, FL 33319

**FEI Number:** 83-3018789

**Certificate of Status Desired:** No

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

SWISSA, SHLOMO  
4930 NW 65TH AVE  
LAUDERHILL, FL 33319 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            AMBR  
Name            GNS WHOLESALE CORP  
Address        4930 NW 65TH AVE  
City-State-Zip: LAUDERHILL FL 33319

*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:** GNS WHOLESALE CORP

AMBR

06/26/2020

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

\_\_\_\_\_ Date