

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000101700

**Entity Name:** BEST TECH CABLING AND NETWORK INSTALLATION LLC

**Current Principal Place of Business:**

5437 GINGER COVE DRIVE  
UNIT F  
TAMPA, FL 33634

**Current Mailing Address:**

5437 GINGER COVE DRIVE  
UNIT F  
TAMPA, FL 33634

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

JOSEPH, GILROY  
5437 GINGER COVE DRIVE  
UNIT F  
TAMPA, FL 33634 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            PRES  
Name            GILROY, JOSEPH  
Address        5437 GINGER COVE DR, UNIT F  
City-State-Zip: TAMPA FL 33634

*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:** GILROY JOSEPH

**PRESIDENT**

**03/03/2020**

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

\_\_\_\_\_  
Date