**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 05, 2021**
**Secretary of State**
**5534633631CC**

DOCUMENT# L20000082324

**Entity Name:** MY BEST FRIENDS LLC

**Current Principal Place of Business:**

5216 NW 18TH ST
APT 3
LAUDERHILL, FL 33313

**Current Mailing Address:**

5216 NW 18 ST
APT 3
LAUDERHILL, FL 33313

**FEI Number: APPLIED FOR**

**Certificate of Status Desired:** No

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

GAUSE, DOMONIQUE
5216 NW 18TH ST
APT 3
LAUDERHILL, FL 33313 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 | OWNER |
| Name | GAUSE, DOMONIQUE |
| Address | 5216 NW 18 ST<br>APT 3 |
| City-State-Zip: | LAUDERHILL FL 33313 |

*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: DOMONIQUE GAUSE OWNER 04/05/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date