

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000299131

**Entity Name:** MIAMI BEST SUPERMARKET, LLC.,

**Current Principal Place of Business:**

180 NW 183 RD STREET  
127 & 129  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

180 NW 183 RD STREET  
127 & 129  
MIAMI GARDENS, FL 33169 US

**FEI Number:** 85-3470176

**Certificate of Status Desired:** No

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

PASCAL, EMMANUEL  
840 NW 155TH LANE SUITE 203  
MIAMI, FL 33169 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 PASCAL, EMMANUEL  
Address 840 NW 155TH LANE SUITE 203  
City-State-Zip: MIAMI FL 33169

Title MGRM  
Name MIREILLE PASCAL ALEXIS  
Address 840 NW 155TH LANE SUITE 203  
City-State-Zip: LAUDERDALE LAKES FL 33309

Title MGRM  
Name SAINTAS, FRANCKEL  
Address 840 NW 155TH LANE SUITE 203  
City-State-Zip: MIAMI FL 33169

*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:** EMMANUEL PASCAL

MGRM

02/28/2021

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

\_\_\_\_\_ Date