

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000137093

**Entity Name:** BEST TRUST INSURANCE LLC

**Current Principal Place of Business:**

5461 W 24 AVENUE, APT. 34  
HIALEAH, FL 33016

**Current Mailing Address:**

5461 W 24 AVENUE, APT. 34  
HIALEAH, FL 33016 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

EPGD ATTORNEYS AT LAW, P.A.  
777 SW 37 AVE, SUITE 510  
MIAMI, FL 33135 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 MGR  
Name ROJAS GARCIA, MARIANELA  
Address 5461 W 24 AVENUE, APT. 34  
City-State-Zip: HIALEAH FL 33016

Title MGR  
Name MARTINEZ, LISANDRA  
Address 20372 NW 36 AVE  
City-State-Zip: MIAMI GARDENS FL 33056

*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:** MARIANELA ROJAS GARCIA

MGR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date