

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000027483

**FILED**  
**May 13, 2012**  
**Secretary of State**

**Entity Name:** F & P BENN SERVICES, LLC

**Current Principal Place of Business:**

16596 N W 19 STREET  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

16596 N W 19 STREET  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

**FEI Number:** 38-3778893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENN, PATRICK K  
16596 N W 19 STREET  
PEMBROKE PINES, FL 33028 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** CEO  
**Name:** BENN, PATRICK K  
**Address:** 16596 N W 19 STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33028 US

**Title:** PRES  
**Name:** WILLIAMS-BENN, FAY V  
**Address:** 16596 N W 19 STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33028 US

**Title:** V P  
**Name:** BENN, PATRICK K II  
**Address:** 16596 N W 19 STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33028 US

**Title:** V P  
**Name:** MAIR, WADE P  
**Address:** 621 N W 78 TERRACE, SUITE #206  
**City-St-Zip:** PEMBROKE PINES, FL 33024 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** PATRICK K BENN

CEO

05/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date