

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000022745

**Entity Name:** THE CHARTERED LAW OFFICES OF BENJAMIN K. PHIPPS,  
L.L.C.

**FILED**  
**Jan 20, 2017**  
**Secretary of State**  
**CC8046942901**

**Current Principal Place of Business:**

201 S MONROE ST 4TH FL  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

PO BOX 1351  
TALLAHASSEE, FL 32302

**FEI Number: 59-2242414**

**Certificate of Status Desired: No**

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

PHIPPS, BENJAMIN K  
201 S MONROE ST 4TH FL  
TALLAHASSEE, FL 32301 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 PHIPPS, BENJAMIN K  
Address POST OFFICE BOX 1351  
City-State-Zip: TALLAHASSEE FL 32302

*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: BENJAMIN K PHIPPS

MGRM

01/20/2017

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

\_\_\_\_\_  
Date