

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000003812

Entity Name: THE BENMORE BUILDING, LLC**Current Principal Place of Business:**133 BENMORE DR
STE 100
WINTER PARK, FL 32792**Current Mailing Address:**133 BENMORE DR
STE 100
WINTER PARK, FL 32792**FEI Number:** 27-4739878**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BYRON, DEBORAH A
133 BENMORE DR
STE 100
WINTER PARK, FL 32792 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 BAYLOR, JEFFREY E
Address 133 BENMORE DR SUITE 100
City-State-Zip: WINTER PARK FL 32792Title MGRM
Name KIELMOVITCH, IZAK
Address 133 BENMORE DR SUITE 100
City-State-Zip: WINTER PARK FL 32792Title MGRM
Name SPECTOR, BRIAN C
Address 133 BENMORE DR SUITE 100
City-State-Zip: WINTER PARK FL 32792Title MANAGING MEMBER
Name TRAN, HAO
Address 472 FLETCHER PLACE
City-State-Zip: WINTER PARK FL 32789Title MGRM
Name LEHMAN, JEFFREY J
Address 133 BENMORE DR SUITE 100
City-State-Zip: WINTER PARK FL 32792Title MGRM
Name TIPIRNENI, KIRAN
Address 133 BENMORE DR SUITE 100
City-State-Zip: WINTER PARK FL 32792Title MGRM
Name PATNI, AFTAB
Address 133 BENMORE DR SUITE 100
City-State-Zip: WINTER PARK FL 32792Title MANAGING MEMBER
Name KANG, BARRY S
Address 2844 LINCROFT AVE
City-State-Zip: ORLANDO FL 32814

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: JEFFREY E BAYLOR

MGRM

03/03/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date