

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000165955

**Entity Name:** BEN MOLENAAR CONSULTING LLC

**Current Principal Place of Business:**

4 FERN CT  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

4 FERN CT  
SAFETY HARBOR, FL 34695

**FEI Number: 81-1616896**

**Certificate of Status Desired: Yes**

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

NASH, THOMAS C II ESQ  
625 COURT ST STE 200  
CLEARWATER, FL 33756 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 MR.  
Name MOLENAAR, BINNE  
Address 4 FERN CT  
City-State-Zip: SAFETY HARBOR FL 34695

*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: BINNE MOLENAAR**

**PRESIDENT**

**04/24/2017**

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

\_\_\_\_\_  
Date