

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000215796

**Entity Name:** BENSFAUL, LLC

**Current Principal Place of Business:**

4590 S. ATLANTIC AVE.  
STE. 153  
PONCE INLET, FL 32127

**Current Mailing Address:**

3814 DAVIS DRIVE  
NEW ALBANY, IN 47150 US

**FEI Number:** 81-4601049

**Certificate of Status Desired:** No

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

FAULSTICK, EDWARD E III  
4590 S. ATLANTIC AVE  
STE. 153  
PONCE INLET, FL 32127 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 FAULSTICK, LAURA L  
Address 3814 DAVIS DRIVE  
City-State-Zip: NEW ALBANY IN 47150

Title MGR  
Name FAULSTICK, EDWARD E III  
Address 4590 S. ATLANTIC AVE, #153  
City-State-Zip: PONCE INLET FL 32127

Title MGR  
Name FAULSTICK, MATTHEW  
Address 2532 GLENWOOD COURT  
City-State-Zip: NEW ALBANY IN 47150

Title MGR  
Name FAULSTICK, NETTIE  
Address 2532 GLENWOOD COURT  
City-State-Zip: NEW ALBANY IN 47150

*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:** EDWARD FAULSTICK

**MANAGER**

**03/28/2024**

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

\_\_\_\_\_  
Date