

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000258735

**Entity Name:** BENSHELL LLC

**Current Principal Place of Business:**

501 NW 93RD AVENUE  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

501 NW 93RD AVENUE  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 83-4489865

**Certificate of Status Desired:** No

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

RODRIGUES, SHELAWN  
501 NW 93RD AVENUE  
PEMBROKE PINES, FL 33024 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           MANAGER  
Name           BERNARD, ADAM  
Address        501 NW 93RD AVENUE  
City-State-Zip: PEMBROKE PINES FL 33024

Title           MANAGER  
Name           RODRIGUES, BENEDICTINE  
Address        501 NW 93RD AVENUE  
City-State-Zip: PEMBROKE PINES FL 33024

Title           MANAGER  
Name           BERNARD, BENJAMIN DAVID  
Address        501 NW 93RD AVENUE  
City-State-Zip: PEMBROKE PINES FL 33024

Title           MANAGER  
Name           RODRIGUES, SHELAWN SHARON  
Address        501 NW 93RD AVENUE  
City-State-Zip: PEMBROKE PINES FL 33024

*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:** BENEDICTINE RODRIGUES

**MANAGER**

**02/02/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date