

A04-0000015

Division of Corporations

Escorted Things Over Sheet

(C)(H400014385013))

159

File Number : 44-38861-2556-983

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000445

Enbase : 38554 44-4999

Franklin, Munkres : (6054 44-4977)

THE WORLD'S MOST TRUSTED FARMER'S FIRST

FINTECH 22 JUL 2018

Certification Status	011
Certified Copy	011
Page Count	103
Estimated Change	\$87261

1 Suspended Flirrig

Full-text Access: \$100

1300

54(11-014000443500))

CONFIDENTIAL (X) UNCLASSIFIED

1. Name of Limited Partnership:
BENZAGER LTD)
2. Business Address of Limited Partnership:
287 TAPLA DAVENIE:
MILANIE BAGUE 11331195
3. Name of Registered Agent or Secretary of Process:
MARCEL LILIANI:
4. Principal Office Address of Registered Agent:
287 TAPLA DAVENIE:
MILANIE BAGUE 11331195
5. Registered Agent's signature and position designation and agent for the Service of Process:

Apakah pernyataan di atas benar? Jika benar, apa saja yang mendukung pernyataan tersebut? Jika salah, apa saja yang mendukung pernyataan tersebut?

Expense Items: _____ Date for proj: 2014

Signature of the General Patron:

Signature on filed Limited Return:

FINAL CHAIRMAN

Mở đầu bài Khán khúc, nhà sử học cổ điển:

Mở đầu bài Khán khúc (Khánh ca) là:

(((100100044360)))

**STATEMENT OF CONTRIBUTIONS
FROM FLORIDA LIMITED PARTNERSHIP**

I, the undersigned, do hereby certify that the total amount of contributions from the Florida Limited Partnership is:

The amount of contributions from the Florida Limited Partnership is:
\$1,000.00

The total amount contributed is as indicated above and the contributions are for the
Florida Limited Partnership for the year ending 12/31/2004.

I signed this statement on April 1, 2004.

I declare under penalty of perjury that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

I, Signature of Florida Limited Partnership:

[Handwritten signature]
MANESSALLI KANNRE

STATE OF FLORIDA)
COUNTY OF FLORIDA)

I, the undersigned, do hereby certify that the total amount of contributions from the Florida Limited Partnership is:
MANESSALLI KANNRE, who is the undersigned, do hereby certify that the facts stated herein are true and correct.

I, the undersigned, do hereby certify that the total amount of contributions from the Florida Limited Partnership is:

MANESSALLI KANNRE, STATE OF FLORIDA
I, the undersigned, do hereby certify that the facts stated herein are true and correct.