

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90234 050 ****50.00

DOCUMENT # L00000001650

1. Entity Name

BEN R. GAMES, LC



Principal Place of Business

**6445 LAKE SUNRISE DR
APOLLO BEACH FL 33572**

Mailing Address

**6445 LAKE SUNRISE DR
APOLLO BEACH FL 33572**

2. Principal Place of Business

814 CHURCH STREET

3. Mailing Address

814 Church ST

Suite, Apt. #, etc.

ACCOUNTING OFFICE

Suite, Apt. #, etc.

ACCOUNTING OFFICE

City & State

ELLINGTON, FLORIDA

City & State

ELLINGTON, FLORIDA

Zip

34222

Country

MAINTAE

Zip

34222

Country

4. FEI Number

59-3621439

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GAMES, BEN R
6445 LAKE SUNRISE DR
APOLLO BEACH FL 33572**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BEN R. GAMES, MEMBER**

Ben R. Games, Manager/Member

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **GAMES, BEN R**
STREET ADDRESS **6445 LAKE SUNRISE DRIVE**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **MGRM** ☐ Delete
NAME **GAMES, HELEN M**
STREET ADDRESS **6445 LAKE SUNRISE DRIVE**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Ben R. Games, Manager/Member* **BEN R. GAMES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

813-645-2257

29 JANUARY 04