

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001650

Entity Name: BEN R. GAMES, LC

FILED  
Feb 05, 2012  
Secretary of State

**Current Principal Place of Business:**

819 FRANKLIN AVE  
ACCOUNTING OFFICE  
ELLENTON, FL 34222

**New Principal Place of Business:**

**Current Mailing Address:**

819 FRANKLIN AVE  
ACCOUNTING OFFICE  
ELLENTON, FL 34222

**New Mailing Address:**

FEI Number: 59-3621439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GAMES, JON R  
4391 APPLE TREE PLACE  
JACKSONVILLE, FL 32258 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GAMES II, JON R  
Address: 819 FRANKLIN AVE  
City-St-Zip: ELLENTON, FL 34222

Title: MGRM  
Name: GAMES, HELEN M  
Address: 814 CHURCH ST STE 102  
City-St-Zip: ELLENTON, FL 34222

Title: MGRM  
Name: AMSIE LTN LLC  
Address: 814 CHURCH ST STE 102  
City-St-Zip: ELLENTON, FL 34222

Title: MGRM  
Name: GAMES, BEN R  
Address: 814 CHURCH ST STE 102  
City-St-Zip: ELLENTON, FL 34222

Title: MGRM  
Name: GAMES, JON R  
Address: 4391 APPLE TREE PLACE  
City-St-Zip: JACKSONVILLE, FL 32258

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JON R GAMES

MGRM

02/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date