

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000006361

1. Entity Name

BENJAMIN FRANK & ASSOCIATES, L.L.C.



FILED
Feb 08, 2007 08:00 AM
Secretary of State

Principal Place of Business

5510 NORTH OCEAN DRIVE
16C
SINGER ISLAND FL 33404

Mailing Address

5510 NORTH OCEAN DRIVE
16C
SINGER ISLAND FL 33404



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WITTE, LARRY F
201 S.E. 24TH AVENUE
POMPANO BEACH FL 33062

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

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, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME: MGRM ☐ Delete
STREET ADDRESS: FRANK, BENJAMIN
CITY-ST-ZIP: 5510 NORTH OCEAN DRIVE 16C
SINGER ISLAND FL 33404

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: U000000627879
CITY-ST-ZIP: 02/15/07-80078-020 50.00

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-ST-ZIP:

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

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CITY-ST-ZIP:

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

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-ST-ZIP:

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

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

Date

Daytime Phone #

2/6/07 561-842-8066