

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L00000015607**

1. Entity Name

**BENVENUTO HOLDINGS, LLC****FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90149 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**222 LAKEVIEW AVENUE, SUITE 800**  
**WEST PALM BEACH FL 33401**Mailing Address  
**222 LAKEVIEW AVENUE, SUITE 800**  
**WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required**6. Name and Address of Current Registered Agent****CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525****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

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 Department of State**  
**Due By September 25, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**STRAUSS, RICHARD K** ☐ Delete  
**255 RALSTON AVE.**  
**MILL VALLEY CA 94941**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:****SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (4/02)