03-29-2002 91212 038 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015692

1. Entity Name

BENSON, LLC

Principal Place of Business	Mailing Address
5305 SAGO PALM BLVD. TAMARAC FL 33319	5305 SAGO PALM BLVD. TAMARAC FL 33319

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1139546

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
ALPERT, MARTIN W. 7000 W. PALMETTO PARK RD., STE. 500 BOCA RATON FL 33433	Name GLADYS R. BENSON Street Address (P.O. Box Number is Not Acceptable) 5305 SAGO Palm BLVd TAMARAC, FL. City FL Zip Code 33319

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.

SIGNATURE _Gladys R. Benson_   Date 2/22/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. DIRECTOR MANAGING MEMBERS/MANAGERS

	10.	ADDITIONS/CHANGES	
TITLE NAME STANLEY R. BENSON ☐ Delete STREET ADDRESS 5305 SAGO Palm Blvd CITY-ST-ZIP TAMARAC FL. 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
DIRECTOR NAME GLADYS R. BENSON ☐ Delete STREET ADDRESS 9305 SAGO Palm BLVd CITY-ST-ZIP TAMARAC, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E083 (9/01)

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: _Gladys R. Benson_   2/22/02   954-484-0850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #