

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90237 015 \*\*\*138.75

**DOCUMENT # L01000016598**

1. Entity Name  
MITIGATION RESOURCES, LLC



Principal Place of Business  
650 W MONTROSE ST  
SUITE B  
CLERMONT, FL 34711

Mailing Address  
650 W MONTROSE ST  
SUITE B  
CLERMONT, FL 34711

60014136



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

03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
59-3747077

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENBOW, DENNIS KEITH  
1005 EDGEWATER DR  
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name Thomas F. Odom Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
650 W. Montrose St., Ste. B  
City Clermont FL 34711

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

3/7/08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME BENBOW, DENNIS K ☒ Delete  
STREET ADDRESS PO BOX 540285  
CITY-ST-ZIP ORLANDO, FL 32854

TITLE MGRM  
NAME ODOM, THOMAS F JR ☐ Delete  
STREET ADDRESS 650 W MONTROSE ST, STE B  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE MGRM  
NAME Elizabeth Dost ☐ Change ☒ Addition  
STREET ADDRESS 650 W. Montrose St., Ste B  
CITY-ST-ZIP Clermont, FL 34711

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

TITLE  
NAME ☐ Change ☐ Addition  
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 Chapter 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 #

3/7/08

352.404.9099