

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000022745

1. Entity Name

THE CHARTERED LAW OFFICES OF BENJAMIN K.
PHIPPS, L.L.C.



Principal Place of Business

215 SOUTH MONROE STREET, SUITE 802
TALLAHASSEE, FL 32301

Mailing Address

PO BOX 1351
TALLAHASSEE, FL 32302

BK

FILED

07 JUN 21 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06192007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

59-2242414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHIPPS, BENJAMIN K
215 SOUTH MONROE STREET, SUITE 802
TALLAHASSEE, FL 32301

BK

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PHIPPS, BENJAMIN K
STREET ADDRESS	215 SOUTH MONROE STREET, SUITE 802
CITY-ST-ZIP	TALLAHASSEE, FL 32301

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

19 June 2007

Date

850-222-7000

Daytime Phone #