# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 16, 2003 8:00 am**
**Secretary of State**
04-28-2003 90103 015 ****55.00

44001759

DOCUMENT # L02000008052

1. Entity Name
KLASS & BENETTI, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 6663 MISSION CLUB BLVD.<br>106<br>ORLANDO FL 32821 | 6663 MISSION CLUB BLVD.<br>106<br>ORLANDO FL 32821 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 6613 MISSION CLUB BLVD | 6613 MISSION CLUB BLVD. |
| Suite, Apt. #, etc.: 209 | Suite, Apt. #, etc.: 209 |
| City & State: ORLANDO FLORIDA | City & State: ORLANDO FLORIDA |
| Zip: 32821 Country: USA | Zip: 32821 Country: USA |

4. FEI Number: 02-0577745 ☐ 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 |
|---|---|
| TORO, RUBEN D<br>7345 SAND LAKE RD.<br>204<br>ORLANDO FL 32819 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
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 Florida Department of State**
**Due By May 1, 2003**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>KLASS, EMILIO J<br>6663 MISSION CLUB BLVD. #106<br>ORLANDO FL 32821 | ☐ Delete | MGR<br>SANTOS, HUDSON R<br>15021 LAKE AZURE DR<br>ORLANDO FL 32824 | ☐ Change | ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>BENETTI, ANA K<br>6663 MISSION CLUB BLVD. #106<br>ORLANDO FL 32821 | ☐ Delete | MGR<br>SANTOS, ANA PAULA S<br>15021 LAKE AZURE DR<br>ORLANDO FL 32824 | ☐ Change | ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change | ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change | ☐ Addition |

CR2E083 (10/02)

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 EMILIO KLASS 4/23/03 (407) 928-5878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #