

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90014 033 ****50.00

20001568



DOCUMENT # L02000024160 1. Entity Name BENCO INVESTMENTS, LLC																													
Principal Place of Business 5400 SOUTH UNIVERSITY DRIVE, SUITE 608 DAVIE, FL 33328			Mailing Address 5400 SOUTH UNIVERSITY DRIVE, SUITE 608 DAVIE, FL 33328																										
2. Principal Place of Business 1485 N. PARK DR Suite, Apt. #, etc.		3. Mailing Address 1485 N. PARK DR Suite, Apt. #, etc.																											
City & State Weston, FL Zip 33326		City & State Weston, FL Zip 33326		4. FEI Number NOT APPLICABLE																									
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent FILLICHIO, BEN 5400 SOUTH UNIVERSITY DRIVE, SUITE 608 DAVIE, FL 33328				7. Name and Address of New Registered Agent Name FILLICHIO, BEN Street Address (P.O. Box Number is Not Acceptable) 1485 N. PARK DRIVE City Weston FL Zip 33326																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FILLICHIO, BEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5400 S. UNIVERSITY DR. #608</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAVIE, FL 33328</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FILLICHIO, BEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1485 N. PARK DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Weston, FL 33326</td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	FILLICHIO, BEN		STREET ADDRESS	5400 S. UNIVERSITY DR. #608		CITY-ST-ZIP	DAVIE, FL 33328		TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FILLICHIO, BEN		STREET ADDRESS	1485 N. PARK DR		CITY-ST-ZIP	Weston, FL 33326	
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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.																													
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE: </div> <div style="width: 20%; text-align: center;"> 1/10/05 Date </div> <div style="width: 30%; text-align: center;"> (954) 762-6161 Daytime Phone # </div> </div>																													