

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90353 022 ****50.00

DOCUMENT # L03000045166

1. Entity Name

BEN'S WOODWORKING, LLC.



Principal Place of Business

RT 9 BOX 785-5
LAKE CITY FL 32024
US

Mailing Address

RT 9 BOX 785-5
LAKE CITY FL 32024
US

2. Principal Place of Business

392 SW Blaylock Ct.

Suite, Apt. #, etc.

3. Mailing Address

392 SW Blaylock Ct.

Suite, Apt. #, etc.

City & State

Lake City FL

City & State

Lake City FL

Zip

32024

Country

USA

Zip

32024

Country

USA

4. FEI Number

81-0307609

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLEMS, PAMELA
RT 9 BOX 785-5
LAKE CITY FL 32024**

7. Name and Address of New Registered Agent

Name *Willems Pamela*

Street Address (P.O. Box Number is Not Acceptable)

392 SW Blaylock Ct.

City

Lake City

FL

Zip Code

32024

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **WILLEMS, BERNARD C**
STREET ADDRESS **RT 9 BOX 785-5**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **MGR** ☐ Delete
NAME **WILLEMS, PAMELA A**
STREET ADDRESS **RT 9 BOX 785-5**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *392 SW Blaylock Ct.*
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *392 SW Blaylock Ct.*
CITY-ST-ZIP

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

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:

Pamela A Willems

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-15-05

Date

386-799-6074

Daytime Phone #