

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90077 047 ****50.00

DOCUMENT # L03000054319 1. Entity Name SCOTT BENJAMIN, LLC					
Principal Place of Business 4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808			Mailing Address 4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808		
2. Principal Place of Business 61 W COLONIAL DR Suite, Apt. #, etc.		3. Mailing Address 61 W COLONIAL DR Suite, Apt. #, etc.			
City & State ORLANDO FL Zip 32801 Country USA		City & State ORLANDO FL Zip 32801 Country USA		4. FEI Number 20-0516563	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SHOEMAKER, JOHN B 4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 61 W COLONIAL DR City ORLANDO FL 32801		
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 4/11/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHOEMAKER, JOHN B 4432 PARKWAY COMM BLVD ORLANDO, FL 32808	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 W COLONIAL DR ORLANDO, FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/11/05 407 294 7931 Daytime Phone # EXT 103		