2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L0400001922 1. Entity Name BENNETT EXECUTIVE HOME SERVICES, LLC

Principal Place of Business

9640 VICTORIA LANE

#305

NAPLES, FL 34109 U

Mailing Address

PO BOX 111626 NAPLES, FL 34108 FILED
Jul 11, 2008 08:00 AM
Secretary of State



07072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2505898

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, WILLIAM 9640 VICTORIA LANE #305 NAPLES, FL 34109

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WAPLES,	FL 34109	IN THIS SF	ACE
8. The above the obligat	named entity submits this statement for the purpose of char- tions of registered agent.	nging its registered office or registered agent, or both, in the State of Fig	orida. I am familiar with, and accept
SIGNATURE	Signeture, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	CATE
		ce with s. 607.193(2)(b), F.S., the limited cany did not receive the prior notice.	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENNETT, WILLIAM 9640 VICTORIA LANE #305 NAPLES, FL 34109		954302 90008-010 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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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:

NAME Street address

NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
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SNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPR

7-8-08

239-248-7752