

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

07-11-2005 90043 023 ****50.00
03-14-2005 90592 010 ****50.00

DOCUMENT # L04000004455			
1. Entity Name BEN CIANCIO LLC			
Principal Place of Business 8216 GARDEN ST JACKSONVILLE, FL 32219		Mailing Address 8216 GARDEN ST JACKSONVILLE, FL 32219	
2. Principal Place of Business 8216 GARDEN ST		3. Mailing Address 8216 GARDEN ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FLORIDA	
Zip 32219	Country U.S.A.	Zip 32219	Country U.S.A.
4. FFI Number 59-3312003		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CIANCIO, BEN 8216 GARDEN ST JACKSONVILLE, FL 32219		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 BEN CIANCIO <i>B. Ciancio</i> 7.7.05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition <i>B. m.c.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.			
SIGNATURE: BEN CIANCIO <i>B. Ciancio</i>		7.7.05 (904) 924-0832	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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