A17. **FILED DOCUMENT # L04000008813** Jan 07, 2005 8:00 am 1. Entity Name BENTON FOOD BROKERS, LLC **Secretary of State** 01-07-2005 90024 041 ****50.00 Principal Place of Business Mailing Address 5244 WATERWOOD RUN 5244 WATERWOOD RUN BARTOW, FL 33830 BARTOW, FL 33830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For *20-*071309*0* Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, DONALD H JR. Street Address (P.O. Box Number is Not Acceptable) 245 SOUTH CENTRAL AVE. BARTOW, FL 33830 City 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition BENTON, WILLARD R NAME NAME STREET ADDRESS **5244 WATERWOOD RUN** STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition IIILE MARKE MARKE STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

SIGNATURE: Usual R. Beston. 1-5-05 8636.44693