

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90076 018 \*\*\*\*55.00

**DOCUMENT # L04000009274**

1. Entity Name

**BENITEZ TRUCKING, LLC**



Principal Place of Business

**2924 SUNRISE BLVD.  
FT. PIERCE FL 34982**

Mailing Address

**2924 SUNRISE BLVD.  
FT. PIERCE FL 34982**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-0684567**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENITEZ, OSWALDO D  
2924 SUNRISE BLVD.  
FT. PIERCE FL 34982**

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

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **BENITEZ, OSWALDO D**  
STREET ADDRESS **2924 SUNRISE BLVD.**  
CITY-ST-ZIP **FT. PIERCE FL 34982**

TITLE **SAFETY MANAGER** ☐ Change ☒ Addition  
NAME **EDUARDO MONTENEGRO**  
STREET ADDRESS **445 SE SCABRAZZE LANE**  
CITY-ST-ZIP **PORT ST. LUCIA FL 34983**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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: *Oswaldo Benitez* Oswaldo D. Benitez**

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

**1-21-05 772-465-6800**

Date

Daytime Phone #