

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

04-09-2008 90122 027 ***138.75

DOCUMENT # L04000028971 1. Entity Name BENCHMARK DEVELOPMENT GROUP L.L.C.					
Principal Place of Business 278 CRYSTAL GROVE BLVD. LUTZ, FL 33548			Mailing Address 278 CRYSTAL GROVE BLVD. LUTZ, FL 33548		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LIVINGSTON, CLIFTON A 278 CRYSTAL GROVE BLVD. LUTZ, FL 33548				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIVINGSTON, CLIFTON A 278 CRYSTAL GROVE BLVD. LUTZ, FL 33548 ☐ 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	
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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 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: <u>Clifton A. Livingston</u> Managing Member, 4/8/08 (813) 431-6800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

00000131



04082008 Chg-LLC CR2E083 (12/06) **86-1167527**

4. FEI Number **86-1167527** Applied For ☒ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

OK