

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

04-18-2005 90074 041 ****55.00

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DOCUMENT # L04000038705 1. Entity Name BENTLEY ICE CREAM SALES, LLC					
Principal Place of Business 107 OVERLEA WAY VENICE, FL 34292			Mailing Address 107 OVERLEA WAY VENICE, FL 34292		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03252005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 201826114				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		
WALLACK, MICHAEL W 1819 MAIN STREET, SUITE 1100 SARASOTA, FL 34236			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 <u><i>James C Stevens</i></u> DATE <u>4-13-05</u> Signature, typed or printed name of registered agent and title 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			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEVENS, JAMES C 107 OVERLEA WAY VENICE, FL 34292 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEVENS, SHARON C 107 OVERLEA WAY VENICE, FL 34292 ☐ 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		
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: <u><i>James C Stevens</i></u>		Date <u>4-13-05</u> Daytime Phone # <u>941-492-2148</u>			