

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90145 039 ***150.00

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1. Entity Name

BENEVA PROPERTIES, LLC

Principal Place of Business
**3192 FRUITVILLE ROAD
SARASOTA FL 34237**

Mailing Address
**3192 FRUITVILLE ROAD
SARASOTA FL 34237**



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

20-1209201

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

**CRISTELLO, JESSIE
3192 FRUITVILLE ROAD
SARASOTA FL 34237**

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

Jessie Cristello
Signature, typed or printed name of registered agent and title if applicable.

JESSIE CRISTELLO

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CRISTELLO, JESSIE**
CITY-ST-ZIP **3192 FRUITVILLE RD
SARASOTA FL 34237**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHRISTELLO, TIMOTHY J**
CITY-ST-ZIP **3192 FRUITVILLE RD
SARASOTA FL 34237**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GRILLE, GARY L**
CITY-ST-ZIP **6720 AVENUE B
SARASOTA FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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 exemptions contained in Section 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:

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

JESSIE CRISTELLO

Date

Daytime Phone #

1-25-06