

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000042850

1. Entity Name

BENEVA PROPERTIES, LLC



FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

3192 FRUITVILLE ROAD
SARASOTA FL 34237

Mailing Address

3192 FRUITVILLE ROAD
SARASOTA FL 34237



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-1209201

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRISTELLO, JESSIE
3192 FRUITVILLE ROAD
SARASOTA FL 34237

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, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☐ Change ☐ Addition
U000000598541
01/24/07-80078-024 50.00

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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 JESSIE CRISTELLO 1-18-07 941-906-7653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #