

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90067 040 ***138.75

60005185



01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1408855 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BENENSON, ALAN
1930 HARRISON ST, STE 502
HOLLYWOOD, FL 33020

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 reinstating)

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

TITLE MGRM
NAME BENENSON, ALAN ☒ Delete
STREET ADDRESS 1930 HARRISON STREET #502
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE MGRM
NAME SHER, MICHAEL ☒ Delete
STREET ADDRESS 1930 HARRISON STREET #502
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM
NAME BENENSON HOLDINGS LLC ☒ Change ☐ Addition
STREET ADDRESS 1930 HARRISON STREET SUITE 502
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE MGRM
NAME SHER FAMILY MANAGEMENT COMPANY LLC ☒ Change ☐ Addition
STREET ADDRESS 2310 BAY VIEW LANE
CITY-ST-ZIP NORTH MIAMI, FL 33181

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

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

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

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

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:

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

Date

Daytime Phone #

Alan Benson ALAN BENENSON 1/29/08 954-927-2717