2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000062275

1. Entity Name

JUDY A BENNETT ENTERPRISES LLC

Principal Place of Business	Mailing Address
835 CHELSEY ROAD GREEN COVE SPRINGS FL 32043	835 CHELSEY ROAD GREEN COVE SPRINGS FL 32043

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #: 835 Chelsey Rd	3. Mailing Address: 835 Chelsey Rd.
Suite, Apt #, etc.	Suite, Apt. #, etc
City & State: Green Cove Springs, Fl	City & State: Green Cove Springs, Fl
Zip: 32043 County: Clay	Zip: 32043 County: Clay

4. FEI Number 20-1530984 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, JUDY A
835 CHELSEY ROAD
GREEN COVE SPRINGS FL 32043

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENNETT, JUDY A 835 CHELSEY ROAD GREEN COVE SPRINGS FL 32043	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000605266 01/30/07-80028-019 50.00
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 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: Judy A Bennett   1-22-2006   (904) 284-3220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #