

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000056930

1. Entity Name

BENOIT RACING & MOTORSPORTS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -7 AM 10:20

Principal Place of Business

12270 JV PARKER LN
FT MYERS FL 33912

Mailing Address

12270 JV PARKER LN
FT MYERS FL 33912



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

ops

2nd MOORE

CR2E083 (5/05)

4. FEI Number

☒ 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

BENOIT, KIM L
12270 JV PARKER LANE
FT MYERS FL 33912

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 September 7, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BENOIT, KIM L
12270 JV PARKER LANE
FT MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
N/A ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BENOIT, DANIEL L
12270 JV PARKER LANE
FT MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
N/A ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BENOIT, CODEY L
12270 JV PARKER LANE
FT MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
N/A ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition
800059778248
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TITLE
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CITY- ST- ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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

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: *Kim Benoit* MGRM 8-24-05