## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Aug 01, 2005 8:00 am Secretary of State 08-01-2005 90092 024 \*\*\*\*50.00

DOCUMENT # L04000081691  1. Entity Name RICHARD BENNETTI, LLC								08-01-2003 90			00
Principal Place of Business 555 N.E. 15TH STREET APT. 18-A MIAMI, FL 33132 US			Mailing Address 555 N.E. 15TH STREET APT. 18-A MIAMI, FL 33132 US				1 <b>/ 8 8 / 6 1</b> 1 1 1 1 1	70(4) B) B(4) BB(4) BB(4) BB(4)	6582 		<b> </b>
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07282005	Chg-LLC		33 (10/03)	
City & State			City & State				4. FEI Numbe	262-06			oplied For ot Applicable
Zip		Country	Zip	Cour	ntry			of Status Desired		\$5.00 Add oe Require	
	6. Name	e and Address of Current	Registered Agent	_	Name		7. Name and	Address of New Ro	egistered A	gent	
BENNETTI, RICHARD 555 N.E. 15TH STREET APT. 18-A					ddress (F	P.O. Box Numbe	r is Not Acceptable	)			
MIAMI, FL	. 33132										
					City				FL	Zip Cod	e
8. The above the obligat	named entity tions of regist	y submits this statement fo tered agent.	r the purpose of changing its	register	ed office or	registere	ed agent, or bott	h, in the State of Flo	rida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and tale diapplicable. (NOT)	E: Registere	d Agent signatu	re required i	when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 7, 2005											
									check pa Departme		
Due i	by Septen		<del></del>	10.				Florida - ADDITIONS/	check pa Departme		e į
Due I	by Septen	nber 7, 2005	RS/MANAGERS	TITLE NAM STRE	e Ie Eet address -st-zip	Pres Rich 555	sident/l ard Ber NE 15 mi. FL	ADDITIONS/ Director Inetti Street#	check pa Departme		
9. TITLE NAME STREET ADDRESS	by Septen	nber 7, 2005	<del></del>	TITLE NAM STRE CITY TITLE NAM STRE	-31-ZIF	Pres Rich 555 Mia	sident/l ard Ber NE 15 mi, FL	Florida - ADDITIONS/	check pa Departme	ent of State	e į
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	by Septen	nber 7, 2005	☐ Delete	TITLU NAM STRE CITY TITLU NAM STRE CITY TITLU NAM STRE	E E AODRESS -ST-ZIP	Pres Rich 555 Mia	sident/l ard Ber NE 15 mi, FL	ADDITIONS/ Director Inetti Street#	check pa Departme	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	by Septen	nber 7, 2005	☐ Delete	TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE	E EET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	Pres Rich 555 Mia	sident/l ard Ber NE 15 mi, Fl	ADDITIONS/ Director Inetti Street#	check pa Departme	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	by Septen	nber 7, 2005	☐ Delete☐ Delete☐ Delete☐ Delete☐	TITLE NAMM STREE CITY TITLE NAMM STREE CITY TITLE NAMM STREE CITY TITLE NAMM STREE CITY TITLE NAMM STREE	E EET ADDRESSST-ZIP E	Pres Rich 555 Mia	sident/l ard Ber NE 15 mi, FL	ADDITIONS/ Director Inetti Street#	check pa Departme	Change	Addition  Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	by Septen	MANAGING MEMBE	Delete Delete Delete	TITLE NAM STRE CITY	E E E E E E E E E E E E E E E E E E E	mia	mi, FL	ADDITIONS/DIFECTOR Inetti Street# 33132	CHANGES	Change Change Change	Addition  Addition

I nereby certify that the information supplied with this filling 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 reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Melissa Bennetti SIGNATURE: 1 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE