

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000015693

1. Entity Name
BEN ICH HAI LLC



Principal Place of Business

9364 BAY DR.
SURFSIDE, FL 33154 US

Mailing Address

9364 BAY DR.
SURFSIDE, FL 33154 US

FILED
Aug 11, 2008 08:00 AM
Secretary of State



08062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2344408

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOYAL, PATRICK
10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000957555
08/11/08-80005-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EL HADAD, SIDNEY
9364 BAY DR.
SURFSIDE, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
REBOH, GABRIEL
9364 BAY DR.
SURFSIDE, FL 33154

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
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

08/06/08

305 608 0332

Date

Daytime Phone #