

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L05000034521



1. Entity Name  
 BENET-HARMS, LLC

Principal Place of Business

1504 NEBRASKA AVE  
 PALM HARBOR, FL 34683

Mailing Address

1504 NEBRASKA AVE  
 PALM HARBOR, FL 34683



01052008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2747422

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GILMORE, DAVID C  
 7620 MASSACHUSETTS AVENUE  
 NEW PORT RICHEY, FL 34653

**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**  
**After May 1, 2008 Fee will be \$538.75**

U00000779156  
 01/11/08-80018-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PARKER HARMS, SUSAN S
STREET ADDRESS	3119 VALEMOR DRIVE
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	MGR
NAME	BENET, GAYLE
STREET ADDRESS	3831 BROOKSWORTH AVE.
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
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

1-7-08

Date

727  
 785-1900

Daytime Phone #