

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

02-23-2007 90209 040 ****50.00

DOCUMENT # L05000053038 1. Entity Name LANDSHORE OF BENCHMARK, LLC					
Principal Place of Business 51410 MILANO DRIVE MACOMB MI 48042			Mailing Address 51410 MILANO DRIVE MACOMB MI 48042		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2931181	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FERLITA, ANTHONY 14200 ROYAL HARBOUR CT FORT MYERS FL 33908			7. Name and Address of New Registered Agent N: Anthony J. Ferlito St: 9350 Bay Plaza Boulevard Suite: Suite 120-25 C: Tampa, FL 33619 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 _____ 2-12-07 Signature, typed or printed name of registered agent, and date of registration					
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 FERLITO, ANTHONY 27087 GRATIOT AVE ROSEVILLE MI 48066	☐ Delete			
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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 606, Florida Statutes.					
SIGNATURE _____ 3/26/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					