

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000079363

1. Entity Name
BENJE LAND COMPANY, LLC



Principal Place of Business
226 NW BLOXHAM STREET
MAYO, FL 32066

Mailing Address
P.O. BOX 58
MAYO, FL 32066

FILED
Sep 15, 2008 08:00 AM
Secretary of State



05272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4578591

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGLETARY, TINA B
226 NW BLOXHAM STREET
MAYO, FL 32066

**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.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BARRINGTON, ANTHONY N
3170 NW CR 53
MAYO, FL 32066

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SINGLETARY, JOHN D
1225 NW CR 348
MAYO, FL 32066

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

U00000959647
09/15/08-80001-006 150.00

**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

John D. Singletary
John D. Singletary

9-11-08

Date

386-294-1929

Daytime Phone #