

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000083339

Entity Name: BENEPORT, L.L.C.

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1301 SEMINOLE BLVD  
STE 140  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

8001 N. DALE MABRY  
SUITE 501H  
TAMPA, FL 33614

**New Mailing Address:**

1301 SEMINOLE BLVD  
STE 140  
LARGO, FL 33770

FEI Number: 20-3352722      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HAMILTON, THEODORE J  
1010 N FLORIDA AVE  
TAMPA, FL 33602      US

**Name and Address of New Registered Agent:**

STROUT, DIANA N  
105 MANATEE ROAD  
BELLAIR, FL 33756      US

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.

SIGNATURE: DIANA STROUT

01/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BROGAN, DAVID  
Address: 1301 SEMINOLE BLVD STE 140  
City-St-Zip: LARGO, FL 33770

Title: MGR  
Name: CROWSON, ALLAN L  
Address: 1301 SEMINOLE BLVD STE 140  
City-St-Zip: LARGO, FL 33770

Title: MGR  
Name: STROUT, DIANA  
Address: 1301 SEMINOLE BLVD STE 140  
City-St-Zip: LARGO, FL 33770

Title: MGR  
Name: CASTLE, MIKE  
Address: 1301 SEMINOLE BLVD STE 140  
City-St-Zip: LARGO, FL 33770

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MIKE CASTLE

MGR

01/07/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date