LO 60000 14731

(Re	equestor's Name)	
(Ac	idress)	······································
(Ac	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
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37 JAN -2 AH II: 24 SECRETARY OF STATE SECRETARY OF FLORIDA

COVER LETTER

• • •	
TO: Registration Section Division of Corporations	
SUBJECT: Benson Properties, LL (Name of	C Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
	; '
Bruce Benson	SA J
(Name of Person)	SECRETAL SECRETARIAN SECRETARI
Benson Properties, LLC	SEA
(Firm/Company)	
3730 Pinebrook Cir #608	A PATE
(Address)	
Bradenton, FL 34209	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Bruce Benson	at (941) 795-2530
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the followi	ing amount:
✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. The mailing address of the limited liability com		
Bradenton, FL 34209		·
02/10/2006	L06000014731	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:		ords of the
Michael J Raterink		0,
•	lame	07 JAN -2 AM 11: 24 SECRETARY OF STATE TALLAHASSEE. FLORIC
8051 N Tamiami Trl		宝宝 圣
	ddress	ALASSE A ALASSE
Sarasota, FL 34243	ata and 7	883
City, St	ate and Zip	mg I
6. The name and address of the new registered agent and/or office:		109
Bruce Benson		器 24
Na	me	
3730 Pinebrook Cir #		
Florida street address (I	P.O. Box NOT acceptable)	
Bradenton	FL 34209	
City, Stat	te and Zip	

confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member of authorized representative of a member)

Bruce Benson

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)