

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000038194

Entity Name: BENNETT-SCHMIDT, LLC

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3575 COTTAGE GROVE AVE. SOUTHEAST  
CEDAR RAPIDS, IA 52403

**New Principal Place of Business:**

**Current Mailing Address:**

3575 COTTAGE GROVE AVE. SOUTHEAST  
CEDAR RAPIDS, IA 52403

**New Mailing Address:**

FEI Number: 49-8449349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STONEBURNER, GRESHAM R  
841 PRUDENTIAL DRIVE, SUITE 1400  
JACKSONVILLE, FL 32207 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHMIDT, ROGER J  
Address: 3575 COTTAGE GROVE AVE. SOUTHEAST  
City-St-Zip: CEDAR RAPIDS, IA 52403

Title: MGRM  
Name: SCHMIDT, BONNIE K  
Address: 3575 COTTAGE GROVE AVE. SOUTHEAST  
City-St-Zip: CEDAR RAPIDS, IA 52403

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: ROGER J SCHMIDT

MGR

04/27/2010

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