

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083558

FILED
Jan 14, 2009
Secretary of State

Entity Name: BENEDICTION ENTERPRISES.LLC

Current Principal Place of Business:

10323 NW 9 STREET CIRCLE
#2
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

10323 NW 9 STREET CIRCLE
#2
MIAMI, FL 33172

New Mailing Address:

FEI Number: 20-5490020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARAMILLO, GABRIEL J
10323 NW 9 STREET CIRCLE
#2
MIAMI, FL 33172 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: PD () Delete
Name: JARAMILLO, GABRIEL J
Address: 10323 NW 9 STREET CIRCLE #2
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: JARAMILLO, GABRIEL J
Address: 10323 NW 9 STREET CIRCLE #2
City-St-Zip: MIAMI, FL 33172

Title: TR () Delete
Name: JARAMILLO, PATRICIA H
Address: 10323 NW 9 STREET CIRCLE #2
City-St-Zip: MIAMI, FL 33172

Title: SCR () Delete
Name: JARAMILLO, PATRICIA H
Address: 10323 NW 9 STREET CIRCLE #2
City-St-Zip: MIAMI, FL 33172

Title: SLS () Delete
Name: JARAMILLO, GABRIEL J
Address: 10323 NW 9 STREET CIRCLE #2
City-St-Zip: MIAMI, FL 33172

Title: SLS () Delete
Name: JARAMILLO, PATRICIA H
Address: 10323 NW 9 STREET CIRCLE #2
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GABRIEL J. JARAMILLO

PD

01/14/2009

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