

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000111120

1. Entity Name
BENMARCHAD, L.L.C.



FILED

08 NOV -4 PM 1:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
50 CENTRAL AVENUE
SARASOTA, FL 34236

Mailing Address
P.O. BOX 45986
SARASOTA, FL 34230



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 49586

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10262008 REIN-LLC CR2E101 (1/07)

City & State

City & State
Sarasota, Florida

4. FEI Number
20-5886013

Applied For
Not Applicable

Zip

Country

Zip

34230

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVARY, JOHNSON S JR.
1990 MAIN STREET, SUITE 700
SARASOTA, FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME KAPLAN, MARVIN
STREET ADDRESS P.O. BOX 49586
CITY-ST-ZIP SARASOTA, FL 34230

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/26/08

941-587-9000

Date

Daytime Phone #

REINSTATEMENT