

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000036309

**Entity Name:** BENN ENTERPRISES, LLC

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

900 SPRING PARK STREET  
APT 103  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

900 SPRING PARK STREET  
APT 103  
CELEBRATION, FL 34747

**New Mailing Address:**

**FEI Number:** 20-8815329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENN, MANDY  
900 SPRING PARK STREET  
APT 103  
CELEBRATION, FL 34747 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: MGR  
Name: BENN, MANDY  
Address: 900 SPRING PARK ST APT 103  
City-St-Zip: CELEBRATION, FL 34747

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: MANDY BENN

MRS

04/25/2010

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