

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000039301

**FILED**  
**Aug 10, 2013**  
**Secretary of State**

**Entity Name:** BEN-JAMIN REPORTING LLC

**Current Principal Place of Business:**

934 STREAMLET AVE.  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

934 STREAMLET AVE.  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 83-0479189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BENJAMIN, JODI J  
934 STREAMLET AVE.  
SEBASTIAN, FL 32958 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: JODI J. BENJAMIN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: BEN-JAMIN REPORTING  
Address: 934 STREAMLET AVE  
City-St-Zip: SEBASTIAN, FL 32958 US

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: JODI J. BENJAMIN

PRES

08/10/2013

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