

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058248

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** BENEDICTION, LLC

**Current Principal Place of Business:**

174 WATERCOLOR WAY  
# 172  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

3851 INDIAN TRAIL  
DESTIN, FL 32541

**Current Mailing Address:**

174 WATERCOLOR WAY  
# 172  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

3851 INDIAN TRAIL  
DESTIN, FL 32541

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

SIMPSON, NANCY J  
174 WATERCOLOR WAY  
#172  
SANTA ROSA BEACH, FL 32459 US

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

SIMPSON, NANCY J  
3851 INDIAN TRAIL  
DESTIN, FL 32541 US

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: NANCY J. SIMPSON

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BROWN, JANICE R  
Address: 174 WATERCOLOR WAY #172  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BROWN, JANICE R  
Address: 3851 INDIAN TRAIL  
City-St-Zip: DESTIN, FL 32541

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: JANICE R. BROWN

MGRM

04/30/2009

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