

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001311

FILED
Feb 27, 2009
Secretary of State

Entity Name: BENEZETTE INSURANCE & FINANCIAL SERVICES LLC

Current Principal Place of Business:

507 N. PENINSULA DRIVE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 265715
DAYTONA BEACH, FL 32126

New Mailing Address:

FEI Number: 30-0457082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENEZETTE, JON E ESQ.
507 N. PENINSULA DRIVE
DAYTONA BEACH, FL 32118 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: MGRM () Delete
Name: BENEZETTE, JON E ESQ.
Address: 507 N. PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGR () Delete
Name: BENEZETTE, DIANA M
Address: P.O. BOX 265715
City-St-Zip: DAYTONA BEACH, FL 32126

ADDITIONS/CHANGES:

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: JON E. BENEZETTE

PRES

02/27/2009

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