2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083219

City-St-Zip: MIRAMAR, FL 33027

Entity Name: LAW OFFICES OF SQUIRES BENSON, P.L.

FILED Apr 22, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:	
767 ARTH	OFFICES OF GILBERT K. SQUIRES, P.L UR GODFREY ROAD ACH, FL 33140		
Current Mailing Address:		New Mailing Address:	
767 ARTH	OFFICES OF GILBERT K. SQUIRES, P.L UR GODFREY ROAD ACH, FL 33140		
FEI Number	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:
767 ARTH	GILBERT K ESQ. UR GODFREY ROAD ACH, FL 33140 US		
	named entity submits this statement for the performance of Florida.	ourpose of changing its register	ed office or registered agent, or both
SIGNATUI	RE:		
	Electronic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete LAW OFFICES OF GILBERT K. SQUIRES, P.L. 767 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	MGR () Delete OFFICES OF OLIVIA S. BENSON, ESQ., P.A. 3350 S.W. 148TH AVE., STE. 110	Title: Name: Address:	() Change () Addition

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: GILBERT K. SQUIRES, ESQ. **MGRM** 04/22/2009