

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089792

FILED
Apr 02, 2009
Secretary of State

Entity Name: BENJAMIN J. LINCK, L.L.C.

Current Principal Place of Business:

4040 COLLINGSWOOD ROAD
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

4040 COLLINGSWOOD ROAD
PENSACOLA, FL 32514

New Mailing Address:

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

Name and Address of Current Registered Agent:

LINCK, BENJAMIN J
4040 COLLINGSWOOD ROAD
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

LINCK, BENJAMIN J MR.
4040 COLLINGSWOOD ROAD
PENSACOLA, FL 32514 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: BENJAMIN LINCK

04/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LINCK, BENJAMIN J
Address: 4040 COLLINGSWOOD ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM () Delete
Name: LINCK, STEPHEN S
Address: 4040 COLLINGSWOOD ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: LINCK, TIMOTHY J
Address: 4040 COLLINGSWOOD ROAD
City-St-Zip: PENSACOLA, FL 32514

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: BENJAMIN J LINCK

MGR

04/02/2009

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