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(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

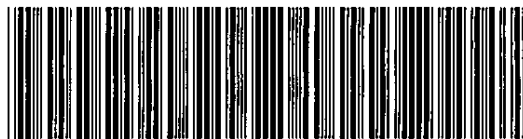
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS
AUG 27 2009
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ben-Har L.L.C.
Name of Corporation

DOCUMENT NUMBER: L080000966666

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Julie Mandeville
Name of Contact Person

Ben-Har L.L.C.
Firm/Company

1195 St. ALBANS Loop
Address

Heathrow, FL 32746
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Julie Mandeville at (407) 252-4331
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2009

JULIE MANDEVILLE
1195 ST. AIBANS LOOP
HEATHROW, FL 32746

SUBJECT: BEN-HAR, LLC
Ref. Number: L08000096666

We have received your document for BEN-HAR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Section 608.407, Florida Statutes, requires the document(s) to be signed by member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 709A00027950

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Ben-Har L.L.C
2. (a) Principal office address of limited liability company: 1195 St. AIBANS LOOP
 (Note: **MUST BE STREET ADDRESS**) Heathrow, FL 32746

(b) Mailing address of limited liability company: Same as above
 (Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: 10/13/2008
4. Document number: L08000096666

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Corporation Service Company
Registered Office Address: 1201 Hays Street
Tallahassee, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Julie Mandeville
NEW Registered Office Address: 1195 St. AIBANS LOOP
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32746

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Julie Mandeville
Signature of a member or authorized representative of a member
Julie Mandeville
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Julie Mandeville
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA
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