Jul 30, 2003 8:00 am Secretary of State 07-30-2003 90045 047 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900001881

1. Entity Name

CITY-ST-ZIP

BENGHAZI, L.L.C.

			COO WE THE	1				
Principal Place of Business 2440 NORTH ROOSEVELT BOULEVARD KEY WEST FL 33040 2. Principal Place of Business		Mailing Address 2440 NORTH ROOSEVELT BOULEVARD KEY WEST FL 33040 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Num	nber 65-0910669	 -	oplied For	
Zip Country		Zip	Zip Country		ite of Status Desired	\$5.00 Add		
	6. Name and Address of Curr	ent Registered Agent	<u> </u>	7. Name a	nd Address of New Regi			
			Name	77 (100)			<u> </u>	
MCCARTHY, ERIC 617 WHITEHEAD STREET			Street Addres	ress (P.O. Box Number is Not Acceptable)				
KEY	WEST FL 33040							
			City			FL Zip Cod	e	
	named entity submits this statementions of registered agent.	nt for the purpose of changing its	registered office or regis	stered agent, or b	oth, in the State of Florida	a. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	: Registered Agent signature requ	uired when reinstating)		DATE		
		FILE NO	OW!!! FEE IS \$50.0	00				
Make Check Payable to Fl						•	(
<u>.</u>	3	Due	By May 1, 2003					
9.	,	MBERS/MANAGERS	10.		ADDITIONS/CH	IANGES		
TITLE	MGRM	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	20111011, 1010211		NAME STREET ADDRESS				'	
CITY-ST-ZIP	KEY WEST FL 33040	CITY-ST-ZIP				ļ		
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: DISCUSSION OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

107 305-296779

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