

2001 UNIFORM BUSINESS REPORT (UBR)

0023543 AF

DOCUMENT # L99000006158

1. Entity Name

BENJO REALTY CO., L.L.C.

Principal Place of Business

1140 SW GREENBRIAR COVE
PORT ST. LUCIE FL 34986

Mailing Address

1140 SW GREENBRIAR COVE
PORT ST. LUCIE FL 34986

FILED

01 APR 23 PM 5: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. /

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0953548

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGLER, BENJAMIN
1140 SW GREENBRIAR COVE
PORT ST. LUCIE FL 34986

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AGLER, BENJAMIN
1140 SW GREENBRIAR COVE
PORT ST. LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0000004133620--7
-05/03/01--01068--003
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KERNS, JOHN
226 SW THORNHILL DRIVE
PORT ST. LUCIE FL 34984 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED

Date

Daytime Phone #

4-19-01 561 692-0077

CR2E083 (11/00)