

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

08-04-2004 90062 001 30.00

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**FILED**

04 OCT 27 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E083 (4/04)

DOCUMENT # M01000000917

1. Entity Name

BENEFICIATION TECHNOLOGIES, LLC



Principal Place of Business

5925 IMPERIAL PKWY, STE 105  
MULBERRY FL 33860-7621

Mailing Address

5925 IMPERIAL PKWY, STE 105  
MULBERRY FL 33860-7621

2. Principal Place of Business

4000 HIGHWAY 60 EAST  
Suite, Apt. #, etc. WAY

3. Mailing Address

PO Box 205

City & State

MULBERRY FL

City & State

NICHOLS FL

4. FEI Number

59-3489096

Applied For

Not Applicable

Zip

33860

Country

US

Zip

33860

Country

US

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROOKS, GEORGE C

4000 Highway 60 East  
Mulberry, FL 33860

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By September 8, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM  
NAME BROOKS, GEORGE  
STREET ADDRESS P.O. Box 205  
CITY-ST-ZIP Nichols, FL 33860

☐ Delete

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10. ADDITIONS / CHANGES

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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:

*George C Brooks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

863-646-8004