


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90064 014 ****50.00

DOCUMENT # M05000005914

1. Entity Name
J & N SETTLEMENT SERVICES, LLC



Principal Place of Business
**ONE MALL DRIVE, SUITE 210
CHERRY HILL, NJ 08002**

Mailing Address
**ONE MALL DRIVE, SUITE 210
CHERRY HILL, NJ 08002**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
2 WOODLAND RD
Suite, Apt. #, etc.
City & State
WYOMISSING PA
Zip Country
19610 USA



03282006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2391478

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**WILLARD, DEBORAH
5901 US HIGHWAY 19, STE. 11
NEW PORT RICHEY, FL 34652**

7. Name and Address of New Registered Agent
Name
WILLARD, DEBORAH
Street Address (P.O. Box Number is Not Acceptable)
12000 US HIGHWAY 19
City
HUDSON FL Zip Code
34667

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 **DEBORAH WILLARD** AGENT DATE **3/20/2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENSON SETTLEMENT CO. 2 WOODLAND ROAD WYOMISSING, PA 19610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Butler** DATE **3/20/2006** DAYTIME PHONE # **610-685-4400**

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