

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000032212

Entity Name: BENNIE'S, LLC.

**Current Principal Place of Business:**

13463 SW 179 STREET  
MIAMI, FL 33177

**Current Mailing Address:**

13463 SW 179 STREET  
MIAMI, FL 33177

FEI Number: 20-2703466

Certificate of Status Desired: Yes

**Name and Address of Current Registered Agent:**

BROOKS, VELMA N  
13463 SW 179 STREET  
MIAMI, FL 33177 US

*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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CONNOR, AUSTIN  
Address 13463 SW 179 STREET  
City-State-Zip: MIAMI FL 33177

Title MGRM  
Name CONNOR, JANET E  
Address 13463 SW 179 STREET  
City-State-Zip: MIAMI FL 33177

Title MGRM  
Name CONNOR, RUEL B  
Address 13463 SW 179 STREET  
City-State-Zip: MIAMI FL 33177

Title MGRM  
Name CONNOR, JETHRO M  
Address 13463 SW 179 STREET  
City-State-Zip: MIAMI FL 33177

Title MGRM  
Name BROOKS, VELMA N  
Address 17790 SW 107 AVE, APT 203  
City-State-Zip: MIAMI FL 33157

Title MGRM  
Name CONNOR, GLENNIS A  
Address 13463 SW 179 STREET  
City-State-Zip: MIAMI FL 33177

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: RUEL CONNOR

MGRM

04/29/2021

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date