| Current Mail | ing Address: | | | |
|--|---|----------------------------------|--|------------|
| 2 SOUTH BI MIAMI, FL 3 | SCAYNE BLVD., SUITE 2490 33131 US | | | |
| FEI Number: 45-5114304 | | | Certificate of Status Desired: No | |
| Name and A | ddress of Current Registered Agent: | | | |
| PROPERTY DE 2 SOUTH BISC/ MIAMI, FL 3313 | AYNE BLVD., SUITE 2490 | | | |
| The above named | entity submits this statement for the purpose of changing | g its registered office or regis | tered agent, or both, in the State of Flor | ida. |
| SIGNATURE | : NICHOLAS C. SHIDDELL | | | 01/06/2016 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized I | Person(s) Detail : | | | |
| Title | MGRM | Title | MGR | |
| Name | VIANELLO, GIOVANNI | Name | SPADAZZI, CHIARINA | |
| Address | 2 SOUTH BICAYNE BOULEVARD 2490 | Address | 2 SOUTH BICAYNE BOULEVAR 2490 | D |
| City-State-Zip: | MIAMI FL 33131 | City-State-Zip: | MIAMI FL 33131 | |
| Title | MANAGER | | | |
| | | | | |

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000053579

Entity Name: BENNY LLC

Current Principal Place of Business:

2 SOUTH BISCAYNE BLVD., SUITE 2490 MIAMI, FL 33131

Address

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: NICHOLAS C. SHIDDELL

MGR

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Jan 06, 2016 **Secretary of State** CC8169983759

2 SOUTH BICAYNE BOULEVARD

2490 City-State-Zip: MIAMI FL 33131