

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000017278

**FILED**  
**Mar 01, 2018**  
**Secretary of State**  
**CC1343090984**

**Entity Name:** BENYAN PROPERTIES, LLC.

**Current Principal Place of Business:**

9125 GALLEON CT  
ORLANDO, FL 32819

**Current Mailing Address:**

9125 GALLEON CT  
ORLANDO, FL 32819 US

**FEI Number: 81-5093995**

**Certificate of Status Desired: No**

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

ALKAMEH, MOHAMAD  
9125 GALLEON CT  
ORLANDO, FL 32819 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 AMBR  
Name KRAYEM, YASSER  
Address 3783 SPEAR POINT DR  
City-State-Zip: ORLANDO FL 32837

Title MBR  
Name AL KAMME, AHMAD  
Address 6119 TARAWOOD DR  
City-State-Zip: ORLANDO FL 32819

Title MBR  
Name AL KEMEH, MHD YASSER  
Address 9125 GALLEON CT  
City-State-Zip: ORLANDO FL 32819

Title MBR  
Name GHASSAN, KRAYEM  
Address 9125 GALLEON CT  
City-State-Zip: ORLANDO FL 32819

Title MBR  
Name MOUSSLY, SOUHEIL  
Address 7779 ISLEWOOD CT  
City-State-Zip: SANFORD FL 32771

Title AMBR  
Name ALKAMEH, MOHAMAD  
Address 9125 GALLEON CT  
City-State-Zip: ORLANDO FL 32819

*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: MOHAMAD ALKAMEH**

**AMBR**

**03/01/2018**

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

\_\_\_\_\_  
Date