2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000026841

Entity Name: DEFINED BENEFITS GROUP LLC

FILED Jun 22, 2005 Secretary of State

US

Current Principal Place of Business: New Principal Place of Business:

3025 CASTLETON DRIVE 5334 WHITE IBIS DRIVE UNIT A NORTH PORT, FL 34287

BRADENTON, FL 34208

Current Mailing Address: New Mailing Address:

P.O. BOX 2171 5334 WHITE IBIS DRIVE BRADENTON, FL 34208 NORTH PORT, FL 34287

FEI Number: 54-2080740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DAVIES, WILLIAM W
3028 CASTLETON DRIVE
UNIT A
BRADENTON, FL 34208 US

DAVIES, WILLIAM W
5334 WHITE IBIS DRIVE
NORTH PORT, FL 34287

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: WILLIAM W DAVIES 06/22/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 DAVIES, LYNN A
 Name:
 DAVIES, LYNN A

 Address:
 3025 CASTLETON DRIVE UNIT A
 Address:
 5334 WHITE IBIS DRIVE

 City-St-Zip:
 BRADENTON, FL 34208
 City-St-Zip:
 NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: WILLIAM W DAVIES MGR 06/22/2005