

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000106406

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** JOEY GRUBBS BENEFITS LLC

**Current Principal Place of Business:**

4251 AMBER VALLEY DRIVE  
TALLAHASSEE, FL 32312 US

**New Principal Place of Business:**

**Current Mailing Address:**

4251 AMBER VALLEY DRIVE  
TALLAHASSEE, FL 32312 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GRUBBS, SAMUEL J  
Address: 4251 AMBER VALLEY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MGRM  
Name: GRUBBS, CAROLYN S  
Address: 4251 AMBER VALLEY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312 US

I hereby 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: CAROLYN GRUBBS

MGRM

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date