

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002444

**FILED
Feb 07, 2011
Secretary of State**

Entity Name: NATIONAL BENEFITS PARTNER INSURANCE AGENCY, LLC

Current Principal Place of Business:

181 EAST 5600 SOUTH
SUITE 240
SALT LAKE CITY, UT 84107

New Principal Place of Business:

Current Mailing Address:

181 EAST 5600 SOUTH
SUITE 240
SALT LAKE CITY, UT 84107

New Mailing Address:

FEI Number: 13-4208222 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR
Name: NBPIA MANAGEMENT, LLC
Address: 181 EAST 5600 SOUTH SUITE 240
City-St-Zip: SALT LAKE CITY, UT 84107

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: ADRIAN HUMMEL MGR 02/07/2011

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