

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000026841

**Entity Name:** DEFINED BENEFITS GROUP LLC

**Current Principal Place of Business:**

5334 WHITE IBIS DRIVE  
NORTH PORT, FL 34287

**Current Mailing Address:**

5334 WHITE IBIS DRIVE  
NORTH PORT, FL 34287

**FEI Number:** 54-2080740

**Certificate of Status Desired:** No

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

DAVIES, WILLIAM W  
5334 WHITE IBIS DRIVE  
NORTH PORT, FL 34287 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 MGR  
Name DAVIES, LYNN A  
Address 5334 WHITE IBIS DRIVE  
City-State-Zip: NORTH PORT FL 34287

*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:** DAVIES , LYNN A

MGR

03/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date