

2017 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: LYNN A. DAVIES

MGR

02/10/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date