2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2015
Secretary of State
CC1131280304

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Entity Name: 411 4 BENEFIT SOLUTIONS, LLC

Current Principal Place of Business:

C/O MICHAEL SCHLOSSBERG
7180 VIA VERONA
DELRAY BEACH, FL 33446

Current Mailing Address:

C/O MICHAEL SCHLOSSBERG
PO BOX 451263
SUNRISE, FL 33345 US

FEI Number: 26-1535460

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HACKER, BRAD
5722 S FLAMINGO
151
FT. LAUDERDALE, FL 33330 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: BRAD HACKER 02/16/2015

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MILOV, NICK	Name	SCHLOSSBERG, MICHAEL
Address	5722 S FLAMINGO	Address	10981 NW 20 COURT
City-State-Zip:	DAVIE FL 33330	City-State-Zip:	SUNRISE FL 33322

Title	PARTNER
Name	SCHLOSSBERG, MICHAEL J
Address	7180 VIA VERONA
City-State-Zip:	DELRAY BEACH FL 33446

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: MICHAEL SCHLOSSBERG PARTNER 02/16/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date