2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115897

Entity Name: 411 4 BENEFIT SOLUTIONS, LLC

Current Principal Place of Business:

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

C/O MICHAEL SCHLOSSBERG

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:

SCHLOSSBERG, MICHAEL 7180 VIA VERONA DELRAY BEACH, FL 33434 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: MICHAEL SCHLOSSBERG 01/23/2024

Electronic Signature of Registered Agent

Date

FILED Jan 23, 2024

Secretary of State

4572436225CC

Authorized Person(s) Detail:

Title MGR Title MGR

Name MILOV, NICK Name SCHLOSSBERG, MICHAEL

Address 5061 LAKEWOOD DRIVE Address 7180 VIA VERONA

City-State-Zip: COOPER CITY FL 33330 City-State-Zip: DELRAY BEACH FL 33446

TitlePARTNERTitleMANAGERNameSCHLOSSBERG, MICHAEL JNameDUBIN, DAVIDAddress7180 VIA VERONAAddress500 NW 110TH AVECity-State-Zip:DELRAY BEACH FL 33446City-State-Zip:PLANTATION FL 33324

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.