

**2017 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

**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

01/26/2017

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**

01/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date