

**2022 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:**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

01/26/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	MILOV, NICK
Address	5061 LAKEWOOD DRIVE
City-State-Zip:	COOPER CITY FL 33330
Title	PARTNER
Name	SCHLOSSBERG, MICHAEL J
Address	7180 VIA VERONA
City-State-Zip:	DELRAY BEACH FL 33446

Title	MGR
Name	SCHLOSSBERG, MICHAEL
Address	7180 VIA VERONA
City-State-Zip:	DELRAY BEACH FL 33446
Title	MANAGER
Name	DUBIN, DAVID
Address	500 NW 110TH AVE
City-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.

**SIGNATURE:** MICHAEL J SCHLOSSBERG

MANAGER

01/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date