

2020 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

02/09/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	MILOV, NICK
Address	5722 S FLAMINGO
City-State-Zip:	DAVIE 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	C/O MICHAEL SCHLOSSBERG 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**MANAGER**

02/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date