

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123190

**Entity Name:** CODE SMITH BENEFITS, LLC

**Current Principal Place of Business:**

4830 W. KENNEDY BLVD.  
SUITE 875  
TAMPA, FL 33609

**Current Mailing Address:**

4830 W. KENNEDY BLVD.  
SUITE 875  
TAMPA, FL 33609 US

**FEI Number:** 26-1552213

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CODE, BRIAN E  
4830 W. KENNEDY BLVD  
SUITE 875  
TAMPA, FL 33609 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:** BRIAN E CODE

02/20/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CODE, BRIAN E  
Address 10029 ORANGE GROVE DRIVE  
City-State-Zip: TAMPA FL 33618

Title MGRM  
Name CODE, JORDAN P  
Address 3517 NAKORA DRIVE  
City-State-Zip: TAMPA FL 33618

*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:** BRIAN E CODE

MGRM

02/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date