

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000100632

Entity Name: INSURANCE BENEFIT NAVIGATORS LLC

Current Principal Place of Business:

3436 HIGHWAY 19
HOLIDAY, FL 34691

Current Mailing Address:

3436 HIGHWAY 19
HOLIDAY, FL 34691 US

FEI Number: 46-3212423

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name PAXTON, MARILYN
Address 1304 GOLFVIEW DRIVE
City-State-Zip: TARPON SPRINGS FL 34689

Title MGR
Name FILLWEBER, BRIAN
Address 345 BAYSHORE BLVD.
PH 3
City-State-Zip: TAMPA FL 33607

Title AMBR
Name PEARL, SUZANNE
Address 1572 BISCAYNE CT.
UNIT 201
City-State-Zip: NEW PORT RICHEY FL 34652

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 FILLWEBER

MANAGER

04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date