

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000044244

**FILED**  
**Jan 06, 2015**  
**Secretary of State**  
**CC0414954285**

**Entity Name:** ATLANTIC BENEFIT CONSULTANTS, LLC

**Current Principal Place of Business:**

2283 WILD PEPPER CT  
DELTONA, FL 32725

**Current Mailing Address:**

2283 WILD PEPPER CT  
DELTONA, FL 32725 US

**FEI Number:** 46-5121967

**Certificate of Status Desired:** No

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

BREWERLONG PLLC  
620 N WYMORE RD STE 270  
MAITLAND, FL 32751 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	MGR	Title	AR
Name	SEPHTON, DEBRA	Name	BREWER, TREVOR K
Address	3283 WILD PEPPER CT	Address	620 N WYMORE RD STE 270
City-State-Zip:	DELTONA FL 32725	City-State-Zip:	MAITLAND FL 32751

*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:** DEBRA L SEPHTON

**MANAGER**

**01/06/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date