

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000044244

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

**Current Principal Place of Business:**

4869 PALM COAST PARKWAY NW  
SUITE 2  
PALM COAST, FL 32137

**Current Mailing Address:**

1500 BEVILLE RD  
STE 606 366  
DAYTONA BEACH, FL 32114 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	4869 PALM COAST PARKWAY NW SUITE 2	Address	620 N WYMORE RD STE 270
City-State-Zip:	PALM COAST FL 32137	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 SEPHTON

**MANAGER**

**01/15/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date