

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000044244

**FILED  
Feb 12, 2019  
Secretary of State  
1658904483CC**

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

**Current Principal Place of Business:**

4869 PALM COAST PARKWAY NW  
SUITE 3  
PALM COAST, FL 32137

**Current Mailing Address:**

4869 PALM COAST PARKWAY NW  
SUITE 1  
PALM COAST, FL 32137 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  
Name SEPHTON, DEBRA  
Address 4869 PALM COAST PARKWAY NW  
SUITE 3  
City-State-Zip: PALM COAST FL 32137

Title AR  
Name BREWER, TREVOR K  
Address 620 N WYMORE RD STE 270  
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

**MANAGING MEMBER**

**02/12/2019**

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

\_\_\_\_\_  
Date