

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000396194

**Entity Name:** SUPREME BENEFITS LLC

**Current Principal Place of Business:**

11207 WESTLAND CIRCLE  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

900 BROKEN SOUND PARKWAY, SUITE 175  
ATTN: LEGAL  
BOCA RATON, FL 33487 US

**FEI Number:** 86-1295860

**Certificate of Status Desired:** No

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

VCORP AGENT SERVICES, INC.  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** ANTHONY PALAZZO

04/28/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name WEISSMAN, BARBARA  
Address 3877 FLATLANDS AVE  
City-State-Zip: BROOKLYN NY 11234

*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:** BARBARA WEISSMAN

MEMBER

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date