

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006109

Entity Name: AMERI-PLUS BENEFIT PROGRAM, LLC

Current Principal Place of Business:

2650 MCCORMICK DR
STE 200S
CLEARWATER, FL 33759

Current Mailing Address:

2650 MCCORMICK DR
STE 200S
CLEARWATER, FL 33759 US

FEI Number: 26-1195416

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HIGHTOWER, NATHAN RESQ
2650 MCCORMICK DR
STE 200S
CLEARWATER, FL 33759 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 AL AMERILIFE, L.L.C.
Address 2650 MCCORMICK DR
STE 200S
City-State-Zip: CLEARWATER FL 33759

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: TIMOTHY NORTH

MGR AL AMERILIFE LLC

02/12/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date