2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000006221

Entity Name: BENEFIT ADVISORS SERVICES GROUP, LLC

Current Principal Place of Business:

1120 SANCTUARY PARKWAY
 SUITE 375
ALPHARETTA, GA 30009

Current Mailing Address:

1120 SANCTUARY PARKWAY
 SUITE 375
ALPHARETTA, GA 30009 US

FEI Number: 45-3028619

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	AUTHORIZED MEMBER		Title	AUTHORIZED MEMBER
Name	CORBETT, THOMAS W.		Name	ZIMMER, P. GREGORY JR.
Address	1120 SANCTUARY PARKWAY SUITE 375		Address	1120 SANCTUARY PARKWAY SUITE 375
City-State-Zip:	ALPHARETTA GA 30009		City-State-Zip:	ALPHARETTA GA 30009
Title	AUTHORIZED MEMBER		Title	SECRETARY
Name	HURST, RALPH S.		Name	BAUMANN, JENNIFER E.
Address	1120 SANCTUARY PARKWAY SUITE 375		Address	1120 SANCTUARY PARKWAY SUITE 375
City-State-Zip:	ALPHARETTA GA 30009		City-State-Zip:	ALPHARETTA GA 30009
Title	AUTHORIZED MEMBER			
Name	ALLIANT INSURANCE SERVICES, INC.			
Address	701 B STREET 6TH FLOOR			
City-State-Zip:	SAN DIEGO CA 92101			

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: JENNIFER E. BAUMANN　　　　　　　　　　SECRETARY　　　　　　04/24/2024

　　　　　　Electronic Signature of Signing Authorized Person(s) Detail　　　　　　　　　　　Date