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.

PRESIDENT

SIGNATURE: LEO WEISS

Electronic Signature of Signing Authorized Person(s) Detail

2019	FOREIGN LIMIT	ED LIABILITY	COMPANY A	NNUAL REPORT

DOCUMENT# M18000002150

Entity Name: EMPIRE BENEFITS ADMINISTRATORS LLC

Current Principal Place of Business:

571 MCDONALD AVE BROOKLYN, NY 11218

Current Mailing Address:

1754 55TH ST BROOKLYN, NY 11204 US

FEI Number: 45-4674412

Name and Address of Current Registered Agent:

PARACORP INCORPORATED 155 OFFICE PLAZA DR 1ST FLOOR TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

Title	P	Title	MANAGER
Name	WEISS, LEO	Name	WEISS, NATHAN
Address	571 MCDONALD AVE	Address	571 MCDONALD AVE
City-State-Zip:	BROOKLYN NY 11218	City-State-Zip:	BROOKLYN NY 11218

FILED Jan 02, 2019 Secretary of State CC5611558070

Certificate of Status Desired: No

Date

01/02/2019 Date