

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL 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**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**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 |

*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: LEO WEISS**

**PRESIDENT**

**01/02/2020**

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

\_\_\_\_\_  
Date