

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004105

FILED
Apr 04, 2005
Secretary of State

Entity Name: CCS BENEFITS SERVICES, LLC

Current Principal Place of Business:

333 EAST LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24080
FT. LAUDERDALE, FL 33307

New Mailing Address:

FEI Number: 65-0998577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUNDY, INC.
333 EAST LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

ANGELO, BARRY & BANTA, P.A.
515 EAST LAS OLAS BOULEVARD
SUITE 850
FORT LAUDERDALE, FL 33301 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: THOMAS P. ANGELO, ESQ.

04/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CUNDY, INC.,
Address: 333 EAST LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: CHAPMAN, SCHEWE - FL, ORIDA, LLC
Address: 401 EAST LAS OLAS BLVD., STE. 1120
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: EDIFY, LLC,
Address: 401 EAST LAS OLAS BLVD., STE. 1120
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: THOMAS C. CUNDY

MGR

04/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date