

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90011 043 ****50.00

DOCUMENT # L00000010190

1. Entity Name

CORNERSTONE BENEFIT SOLUTIONS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2000 CORPORATE SQ. BN

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE #4

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32210

Country

DUAL

Zip

Country

4. FEI Number

89-3667546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MICHAEL L. BERRY, JR.

Street Address (P.O. Box Number is Not Acceptable)

FOUR SAWGRASS VILLAGE

SUITE 230

City

PONTE VEDRA BEACH FL

Zip Code

32082

8. 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

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGING MEMBER
TIMOTHY D. FANNIN
103 TURTLE WALK
PONTE VEDRA BEACH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER
MELVIN G. FANNIN, JR.
2000 CORPORATE SQ. BN, #1
JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER
JOHN H. WILBUR, JR.
6021 SOUTHPOINT DR. N. #325
JACKSONVILLE, FL 32210

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)