

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90266 020 ****50.00

DOCUMENT # 101000008477

1. Entity Name

National Consumers Benefits Group LLC

DO NOT WRITE IN THIS SPACE

967082

2. Principal Place of Business

8001 N Dale Mabry Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 401C

City & State

City & State

Tampa, FL

4. FEI Number

59-3721573

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
33614

Country

Hillsborough

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Nicholas Dambra

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

5513 Ambassador Drive

City

Tampa

FL

Zip Code
33615

**DO NOT WRITE
IN THIS SPACE**

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 not applicable

DATE

4/30/02

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
Nicholas Dambra
5513 Ambassador Drive
Tampa, FL 33615

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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 #

4/30/02

CR2E083B (12/01)