

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UCR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90109 046 \*\*\*\*50.00

**DOCUMENT # L02000017743**



1. Entity Name

**SHILOH BENEFITS GROUP, LLC**

Principal Place of Business

Mailing Address

4500 SALISBURY ROAD N  
SUITE 350  
JACKSONVILLE FL 32216

4500 SALISBURY ROAD N  
SUITE 350  
JACKSONVILLE FL 32216

**44001527**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

4540 Southside blvd

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

blvd 401

City & State

City & State

Jacksonville FL

Zip  
32216

Country

USA

Zip

Country

4. FEI Number

58-2445760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, DENNIS V  
146 WILLOW POND LANE  
PONTE VEDRA BEACH FL 32082

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HILL, JUNE C  
146 WILLOW POND LANE  
PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HILL, JOSHUA D  
4090 HODGES BLVD #2207  
JACKSONVILLE FL 32224 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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 #

*Signature* REQUIRED Hill

4/15/03

904/296-7420

CR2E083 (10/02)