

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90069 013 ***138.75

DOCUMENT # L03000015115	
1. Entity Name STRATEGIC BENEFITS GROUP, LLC	

Principal Place of Business TALLAHASSEE SUITE 101 TALLAHASSEE FL 32308	Mailing Address 1664-1 METROPOLITAN CIR TALLAHASSEE FL 32308
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2. Principal Place of Business - No P.O. Box # 1664-1 Metropolitan Circle	3. Mailing Address Suite, Apt. #, etc.
City & State Tall FL	City & State
Zip 32308	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 20-0058386	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FENSTERMAKER, J. SCOTT 2030 CENTRE POINTE BLVD. STE. 101 TALLAHASSEE FL 32308 1664-1 Metropolitan Circle	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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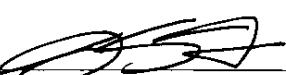
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature typed or printed name of registered agent and date for public use) (NOTE: Registered agent's name required when resigning) DATE _____

	FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FENSTERMAKER, J. SCOTT PRES 1664-1 METROPOLITAN CIR TALLAHASSEE FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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