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

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #: 1664-1 Metropolitan
Suite, Apt. #, etc.: Circle
City & State: Tall FL
Zip: 32308
Country:

3. Mailing Address:
Suite, Apt. #, etc:
City & State:
Zip:
Country:

4. FEI Number: 20-0058386 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FENSTERMAKER, J. SCOTT
~~2039 CENTRE POINTE BLVD. STE. 101~~
TALLAHASSEE FL 32308
1664-1 Metropolitan Circle

7. Name and Address of New Registered Agent

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 $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	FENSTERMAKER, J. SCOTT PRES	
STREET ADDRESS	1664-1 METROPOLITAN CIR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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 Date Daytime Phone #