

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000042677

Entity Name: BENEFITS NOW, LLC

FILED
Oct 05, 2007
Secretary of State

Current Principal Place of Business:

1855 WEST SR 434
SUITE 212
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1855 WEST SR 434
SUITE 212
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 06-1712772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEMUS, ANTONIO
108 MARCIA DRIVE
ALTAMONTE SPRINGS, FL 32714 US

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: ANTONIO LEMUS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COCKRELL, ASHBY U PRES
Address: 929 CUTLER ROAD
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: COCKRELL, SHARON W SVP
Address: 929 CUTLER ROAD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHARON W COCKRELL

MGRM

10/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date