

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000042677

Entity Name: BENEFITS NOW, LLC

FILED  
Jan 27, 2009  
Secretary of State

## Current Principal Place of Business:

1855 WEST SR 434  
SUITE 212  
LONGWOOD, FL 32750

## Current Mailing Address:

1855 WEST SR 434  
SUITE 212  
LONGWOOD, FL 32750

## New Principal Place of Business:

931 NORTH STATE ROAD 434  
SUITE 1201/339  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

931 NORTH STATE ROAD 434  
SUITE 1201/339  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 06-1712772      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

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

## Name and Address of New Registered Agent:

COCKRELL, ASHBY U  
929 CUTLER ROAD  
LONGWOOD, FL 32779      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: ASHBY U. COCKRELL

01/27/2009

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: COCKRELL, ASHBY U PRES  
Address: 929 CUTLER ROAD  
City-St-Zip: LONGWOOD, FL 32779

Title: MGR (X) Change ( ) Addition  
Name: COCKRELL, SHARON W SVP  
Address: 929 CUTLER ROAD  
City-St-Zip: LONGWOOD, FL 32779

Title: MGR ( ) Change (X) Addition  
Name: SCHIMPF, WALT J  
Address: P O BOX 1937  
City-St-Zip: RIDGELAND, MS 39158

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: ASHBY U. COCKRELL

MGRM

01/27/2009

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