

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003254

FILED  
Jan 03, 2008  
Secretary of State

Entity Name: AAA BENEFIT SOLUTIONS, LLC

## Current Principal Place of Business:

4025 TAMPA ROAD  
SUITE 1107A  
OLDSMAR, FL 34677 US

## New Principal Place of Business:

## Current Mailing Address:

4025 TAMPA ROAD  
SUITE 1107A  
OLDSMAR, FL 34677 US

## New Mailing Address:

FEI Number: 41-2124060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARQUARDT, EMIL C JR.  
625 COURT STREET  
SUITE 200  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ARCARO, ANTHONY M  
Address: 4025 TAMPA ROAD  
City-St-Zip: OLDSMAR, FL 33677 US

Title: MGRM ( ) Delete  
Name: ARCARO, ANTHONYMICHAEL  
Address: 4025 TAMPA ROAD  
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM ( ) Delete  
Name: ARCARO, JOHN D  
Address: 4025 TAMPA ROAD  
City-St-Zip: OLDSMAR, FL 34677

## ADDITIONS/CHANGES:

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

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: ANTHONY M ARCARO

PRES

01/03/2008

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