

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039590

Entity Name: C1 BENEFITS, LLC

FILED
Mar 31, 2006
Secretary of State

Current Principal Place of Business:

2 W. OAKLAND AVE.
200
OAKLAND, FL 34760

New Principal Place of Business:

2710 REW CIRCLE
200
OCOEE, FL 34761

Current Mailing Address:

PO BOX 1207
OAKLAND, FL 34760

New Mailing Address:

2710 REW CIRCLE
200
OCOEE, FL 34761

FEI Number: 20-1153753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOHAWK 3, LLC
PO BOX 1207
OAKLAND, FL 34760 US

Name and Address of New Registered Agent:

C1 HEALTH GROUP, LLC
2710 REW CIRCLE
200
OCOEE, FL 34761 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: M SEAN CUDA

03/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOHAWK 3, LLC,
Address: PO BOX 1207
City-St-Zip: OAKLAND, FL 34760

Title: MGRM (X) Delete
Name: CUDA CAPITAL, LLC,
Address: PO BOX 1207
City-St-Zip: OAKLAND, FL 34760

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: C1 HEALTH GROUP, LLC,
Address: 2710 REW CIRCLE, STE 200
City-St-Zip: OCOEE, FL 34761

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

I hereby certify that the information supplied with this filing does not qualify for the 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: M SEAN CUDA

MGRM

03/31/2006

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