

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2007 8:00 am
Secretary of State

04-30-2007 90070 034 ****50.00

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DOCUMENT # L06000013134					
1. Entity Name A & G BENEFITS, LLC					
Principal Place of Business 1695-3 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308 US <i>2691 Chapman Dr Panama City FL 32405</i>			Mailing Address 1695-3 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308 US <i>2691 Chapman Dr Panama City FL 32405</i>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 204254440	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALFORD, CLAUDE E 868 STONE ROAD GRANDRIDGE, FL 32442			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 _____ (NOTE: Registered Agent signature required when remaining)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME ALFORD, GENE E STREET ADDRESS 868 STONE ROAD CITY - ST - ZIP GRANDRIDGE, FL 32442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Charles E. Alford</i>			4-2807 85029138/		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone</small>		