

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000064180

Entity Name: KEYSTONE BENEFIT GROUP LLC

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10175 FORTUNE PARKWAY  
SUITE 303  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

9191 R.G. SKINNER PARKWAY  
SUITE 101  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7839 HUNTERS GROVE RD  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 20-5468225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEVAUX, MICHAEL K  
7839 HUNTERS GROVE ROAD  
JACKSONVILLE, FL 32256 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  
Name: SALLAS, STEVEN R  
Address: 10175 FORTUNE PARKWAY #303  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM  
Name: DEVAUX, MICHAEL  
Address: 10175 FORTUNE PARKWAY #303  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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: MICHAEL DEVAUX

MGRM

01/04/2011

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