

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90399 011 \*\*\*138.75

**DOCUMENT # L07000054508**

1. Entity Name  
**MMT HEALTH BENEFITS, LLC**



Principal Place of Business  
**5569 SALEM SQUARE DRIVE S.  
PALM HARBOR, FL 34685**

Mailing Address  
**5569 SALEM SQUARE DRIVE S.  
PALM HARBOR, FL 34685**

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

02212008 Chg-LLC CR2E083 (12/06)

4. FEI Number

**260263119**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCQUEEN, THOMAS J  
5569 SALEM SQUARE DRIVE S.  
PALM HARBOR, FL 34685**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MCQUEEN, THOMAS J  
5569 SALEM SQUARE DRIVE S.  
PALM HARBOR, FL 34685** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MCQUEEN, DOROTHY A  
5569 SALEM SQUARE DRIVE S.  
PALM HARBOR, FL 34685** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:**

*Thomas J. McQueen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/24/08 727-564-850**

Date

Daytime Phone #