

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126783

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: UNEMPLOYMENT BENEFITS LLC

**Current Principal Place of Business:**

9 VIA CAPRI  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

9 VIA CAPRI  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 68-0667069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBINSON, JOSEPH A  
1016 NW 12TH AVE  
GAINESVILLE, FL 32601 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: MGR ( ) Delete  
Name: ROBINSON, JOSEPH A  
Address: 1016 NW 12TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: MGR (X) Delete  
Name: ROBINSON, JASON L  
Address: 9 VIA CAPRI  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROBINSON, JOSEPH A  
Address: 1016 NW 12TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

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: JOSEPH ROBINSON

MGRM

04/28/2008

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