

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126783

FILED
May 01, 2012
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:

160 E 88TH ST.
12J
NEW YORK, NY 10128

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, DONALD L
9 VIA CAPRI
PALM COAST, FL 32137 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: ROBINSON, JOSEPH A
Address: 160 E 88TH ST., APT. 12J
City-St-Zip: NEW YORK, NY 10128

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: JOSEPH ROBINSON MGRM 05/01/2012

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