

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008068

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** SUMMER BENEFITS GROUP, LLC

**Current Principal Place of Business:**

3864 NW 63RD TERRACE  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

3864 NW 63RD TERRACE  
CORAL SPRINGS, FL 33067 UN

**Current Mailing Address:**

3864 NW 63RD TERRACE  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

3864 NW 63RD TERRACE  
CORAL SPRINGS, FL 33067 UN

**FEI Number:** 74-3249803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUMMER, MITCHELL  
3864 NW 63RD TERRACE  
CORAL SPRINGS, FL 33067 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: PRES  
Name: SUMMER, MITCHELL  
Address: 3864 NW 63RD TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33067 UN

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: MITCHELL SUMMER

PRES

04/24/2011

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